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ABSTRACT

Papers contained in the volume, apart from the introduction and final chapter, were prepared for a 1979 conference on "Research and Public Service with the Rural Elderly," held in conjunction with the annual meetings of the Western Gerontological Society. Developed with an intent toward building a stronger emphasis on research and public service in western United States, the papers include: "Research with the Rural Elderly: A National Perspective" by Edward O. Moe; "Elderly People in Rural America" by Marie L. Lassey, William R. Lassey, and Gary R. Lee; "Research-Based Programs for the Rural Elderly" by Raymond T. Coward; "Needs Assessment Among Older Rural Americans in the West," John E. Kushman and James Fujii; "Alcohol Use Among the Rural Elderly in Arizona" by Victor A. Christopherson; "Rural-Urban Residence and Aging: Directions for Future Research," Gary R. Lee and Marie L. Lassey; "Research Priorities Concerning the Rural Elderly" by William R. Lassey, Marie L. Lassey, Gary R. Lee, and Naomi Lee. A list of conference participants is appended. (AH)

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Proceedings of a Conference

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A regional center for applied social science and community development cooperating with Land Grant Universities in Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

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Research and Public Service with the Rural Elderly

Proceedings of a Conference

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Preface

The papers contained in this volume, apart from the introduction and the final chapter, were prepared for a conference on "Research and Public Service with the Rural Edlerly," held in conjunction with the annual meetings of the Western Gerontological Society in San Francisco, California, on April 27, 1979. The conference was sponsored by the Western Rural Development Center, with the cooperation and assistance of the University of Idaho, Washington State University, and the Western Gerontological Society.

In addition to the papers included here, other reports of research and/or public service activities in the western states were presented by the following people: Vicki Schmall, Oregon State University; Melvin White, Rocky Mountain Gerontology Center, University of Utah; Glenn R. Hawkes, University of California at Davis; Arnold Brown, Northern Arizona University; Paul Stuetze, Office of Adult Services on Aging, South Dakota; Armeda Fretwell, California State University at Chico; and Russell Youmans, Western Rural Development Center, Oregon State University. The complete roster of conference participants is included as an appendix to this volume.

The conference was, we feel, a highly useful step toward building a stronger emphasis on research and public service for the rural elderly in the western United States. Research proposals, based heavily on conference conclusions and recommendations, are being prepared and submitted for funding. The contacts established at the conference form the basis of a network of diverse professionals concerned with both research and service for the rural elderly. Collaborative regional research programs are now being initiated among some of the participating states. This research will, we hope, have important implications for programmatic policies as well as for the expansion of knowledge.

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The editors wish to acknowledge and thank Dr. Russell Youmans, Director of the Western Rural Development Center, for providing financial support and personal encouragement, and Ms. Joyce Klein of the Western Gerontological Society for her efforts in arranging publicity and meeting space for the conference.

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Introduction

Older people in rural areas are among the most deprived categories of the American population, according to census findings as well as other studies. Furthermore, the rural elderly are increasing both in numbers and as a proportion of the total rural population (U.S. Bureau of the Census, 1976). There is some evidence (which the 1980 census should clarify) that increasing numbers of the urban elderly are moving to rural locations upon retirement.

Partially as a consequence of population adjustments, there is considerable uncertainty at national, state, and local levels about how to develop appropriate programs to enhance the mental and physical well-being of the rural elderly. Programs have been instituted to encourage improved housing, health care, special food service, recreation, and other services for older people. However, there is clear evidence that these programs are desigend largely for urban conditions and often do not fit rural communities; moreover, appropriated public funds are disproportionately allocated to urban areas. Rural older people are deprived compared to their urban counterparts (Coward and Kerckhoff, 1978).

This circumstance arises from a variety of factors. As an example, one of the underlying bases for inadequate attention to rural older people is a lack of detailed knowledge about their characteristics and needs. Research on the condition of older people has been disproportionately directed to urban populations. Comparative studies of rural and urban elderly people are relatively sparse, and research focusing directly on the social characteristics and needs of rural older people has been very limited.

Social scientists in several parts of the United States have become increasingly conscious of this situation in recent years and have begun to organize projects to help generate the needed research. For example, scientists in the Northeast have designed a regional research project and secured support (Watkins and Crawford, 1978).

Research with the rural elderly in the western United States has been limited, yet the West is presently subject to

very rapid growth in the older rural population. Furthermore, sparse population in many western states has meant that it has been difficult to design and implement institutional structures to provide services for the rural elderly. However, there are very few carefully documented studies on which to base such a generalization.

A systematic effort is needed to improve knowledge about the condition and needs of older rural people and the institutional mechanisms to serve them. This volume is intended to outline the status of knowledge about the rural elderly as a basis for suggesting several potential research priorities. More specifically, the papers included here will attempt to:

1. Review the state of knowledge and current research on the rural elderly from both national and western U.S. perspectives;
2. Examine the degree to which research is applied to program decisions and institutional efforts to provide services;
3. Outline a tentative set of research priorities and an agenda for immediate research efforts;
4. Examine methods for linking research and needs assessment with operating programs; and
5. Review several specific research projects which help to illustrate the potential value of undertaking new research with the rural elderly.

"Research with the Rural Elderly: A National Perspective" (Moe) emphasizes the national goals for older Americans outlined in the Older Americans Act of 1965. Since these goals have been less adequately realized for rural older people than for the urban elderly, Moe suggests that greater emphasis on research with the rural elderly is timely--particularly if the findings are immediately accessible to agencies and institutions that might apply the results. A framework for considering research priorities is outlined. Moe explains the "continuum of care" concept as one of the important considerations in developing research and programs.

"Elderly people in Rural America" (Lassey, Lassey, and Lee) offers a detailed summary of the present status of the older rural population, based on census analyses and other available research. Conditions of the immediate environment for older people are emphasized, as are role problems faced by older people. Health and medical care and social participation are among the most critical issues. Perceptions of well-being and life satisfaction have been studied, but results are somewhat inconclusive. The final sections of the chapter discuss important considerations in meeting the needs of the rural elderly.

"Research Based Programs for the Rural Elderly" (Coward) focuses on potential applications of the work of researchers to the needs of individuals who work directly with older people. Basic guidelines for serving the rural elderly are described, with emphasis on environmental diversity and age dispersion as critical factors in meeting the full range of needs. Involvement of the elderly in program design is considered critical, as in a focus on the network of potential support systems for older people. Finally, the author emphasizes the urgency of more directly relating research design to the practical problems of serving older people.

Chapters 4 and 5 report results of ongoing research in the West. "Needs Assessment Among Older Rural Americans in the West" (Kushmand and Fujii) focuses on the work of Area Agencies on Aging. Such assessments are viewed as a critical part of improving services to older people which might best be undertaken in collaborative efforts between operating agencies and research institutions. The authors discuss the high costs and methodological difficulties in undertaking reliable assessments in sparsely settled rural areas. Selected findings from early analyses of needs assessment data are reported.

"Alcohol Use Patterns Among the Rural Elderly in Arizona" (Christopherson) discusses results of a study with special emphasis on Mexican-Americans. The interrelationship among drinking and income levels, health, employment status, widowhood, and religious preference are analyzed. The value of research-based knowledge is emphasized as critical to the design of programs for alleviation of alcohol-related problems.

In "Rural-Urban Residence and Aging: Directions of Future Research" (Lee and Lassey), emphasis shifts to critical analysis of variation between results of studies using comparisons of rural and urban older people. There is an apparent contradiction between actual living conditions and subjective feelings of life satisfaction; this illustrates the need for more careful consideration of the effect of residential location on subjective feelings of life satisfaction for the elderly. The authors conclude with suggestions about important research priorities.

"Research Priorities Concerning the Rural Elderly" (Lassey, Lassey, Lee and Lee) summarizes the major substantive features of each earlier chapter, with particular attention to gaps in knowledge that may suggest a research agenda. Although no attempt is made to catalog research needs, selected priorities are discussed.

The papers included in this collection are obviously very diverse in terms of objective, strategy, and topic. They all bear, however, on the conditions and problems of older rural Americans. The relevant issues are so numerous and complex that no one volume can possibly deal with, or

even mention, all of them. However, these papers build upon previous work and indicate some potentially fruitful directions for the future. They represent a small stage near the beginning of a complex but rewarding process of generating and applying scientific knowledge to a set of problems and a category of the population that have been, thus far, relatively neglected.

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Chapter 1:

Research with the Rural Elderly: A National Perspective

Edward O. Moe

Principal Sociologist and Coordinator for Rural Development
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This conference on research and public service for the rural elderly is a strategic and timely event. It enables us to review what research is being done in the West and in the nation as a whole, and to explore ideas for a regional research proposal that would respond to the needs of the elderly in the West. The general framework for research collaboration in the region can be utilized to support our efforts both within states and across state lines. The system seems ready for innovation. We may be able, if we put our minds to it, to design a research proposal which more fully utilizes an opportunity for regional collaboration, which enhances the scientific quality and the social value of whatever we decide to do.

We owe special thanks to the Western Rural Development Center and its director, Dr. Russell Youmans, for providing the seed money for this conference. The Western Center is an innovation; from the Science & Education Administration/Cooperative Research (SEA/CR) perspective, we view it as an agent that supplements and extends the opportunities for collaboration among the western Land Grant institutions.

I would like to respond to the state of research through a brief exploration of the following ideas: (1) national goals for older Americans--the context for research and public service; (2) current research on the elderly in the land grant system; and (3) some considerations in the development of a research proposal.

The Context for Research and Public Service

It is not my intention to list the national goals for older Americans; they are written into the Older American's Act and its amendments. The point is that these are national goals that apply to both rural and urban areas; there is no

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separate set of goals for Americans residing in rural areas.

A major concern for national policy and research, then, is the extent to which national goals, policies, and programs are applied with equity to older Americans widely dispersed throughout the country. As a nation, we seem committed to the principle of equity; yet it is a widely recognized fact that we have not achieved it. It is also clear that we are having substantial difficulty in assessing what equity means in relation to the elderly in rural and urban areas, and in devising ways of overcoming disadvantages that exist among rural people.

In relation to major national policy and related research questions, it may be useful to search for a perspective within which to work and to attempt to interpret equity for rural/urban populations. I would like to propose a simple framework that begins with the elderly as individuals and moves up to the agency networks emerging in rural and urban areas. There are five points or levels within this framework. While they apply to both rural and urban areas, I will apply them to rural areas only. I would like, also, to assume the wide variability in the rural context which is so often overlooked. The points in this framework are:

1 The first level is composed of the elderly as individuals--the conditions in which they find themselves; their desires, hopes, and preferences; their involvement in various family and natural support systems which cushion the aging process and help them deal with their own vulnerability; the services they actually receive; and their view of the helpfulness of those services; and their views of their own needs.

2 The second level is the natural support systems which exist and how they function. All too frequently, we downplay what the elderly can do for themselves, and we have overlooked some significant opportunities to integrate the provisions of additional services into what the elderly and the natural support systems are doing. To a degree, such action has tended to destroy the natural support systems and increase vulnerability.

3 The third level is the existence of some kind of process, such as a case management process, which helps an individual utilize services and integrate them into some coherent, understandable pattern to improve the level of well-being of individuals.

4 The fourth level is the availability and accessibility of services, public and private, and their integration into the rural community. Of major concern is how the agencies assess needs, design and deliver services, and evaluate their effectiveness.

5 The fifth level is the emerging network of services for the elderly. Significant initiatives at the local and at other levels up to nationwide have been made to build and/or strengthen these emerging systems. Federal initiatives over the past 10 years--through the Older Americans Act and the creation of the Area Agencies on Aging--have promoted additional resources and a new mechanism to strengthen collaboration and provide services where they were not available previously.

Many such frameworks have been proposed. The one suggested here begins with the individual and works up to emerging networks at community, sub-state district, and state level; it could be extended to the network at the national level. We need, also, to examine the framework within which the Administration on Aging Research, Demonstration and Evaluation proposals have been developed. My major point is that we should design a framework and be deliberate in where we direct our research.

Current Research on the Elderly in the Land Grant System

In response to the needs of the rural elderly, the cooperative research system over the years has maintained a small but significant research effort. As of July 1978 it included some 68 projects, of which 56 were supported with funds from state and federal sources. The other 12 projects were supported by state funds alone. A total of almost one and a half million dollars were allocated to aging research from these sources:

SEA/CR administered funds (Hatch)	$1,000,000
Other federal	125,000
State/non-federal funds	300,000
Title V	25,000
Total.	$1,450,000

In a report to the Department of Agriculture and the Senate Select Committee on Aging, we described these projects:

1 Projects supported in whole or part with federal (Hatch) funds:

Conditions/Needs Assessment/Ethnic Differences

Comparative analysis of aging poor and economically secure in Jefferson County--University of Arkansas (Pine Bluff).

Assessment of the pre- and post-retirement activities of residents in Jefferson County--University of Arkansas (Pine Bluff).

Community services for needs of older citizens--University of Arkansas (Fayetteville).

Interethnic differences among Hawaii's elderly--University of Hawaii (Honolulu).

Cognitive style and adaptation to life changes--University of Maine (Orono).

Aged in North Carolina: physical, social and environmental characteristics and sources of assistance--University of North Carolina (Greensboro).

Rehabilitation of persons in homemaking and independent living--University of Nebraska (Lincoln).

Assessed needs among elderly in rural Tennessee--University of Tennessee (Knoxville).

Expected and actual economic condition at retirement of the aged and pre-aged in rural Tennessee--Tennessee State University (Nashville).

Nutritional Requirements/Nutritional Composition/Quality of Foods

Assessment of zinc nutriture in relation to aging and taste sensitivity--University of Florida (Gainesville).

Nutritional history and calcium utilization--Iowa State University (Ames).

Biological and behavioral variables associated with subclinical malnutrition of the elderly (Phase I)--Kentucky State University (Frankfort).

Chromium nutritional status in humans--Oklahoma State University (Stillwater).

Effect of aging on the absorption of nutrients--Langston University (Oklahoma).

The effect of nutrition on biological aging in the rat--University of Tennessee (Knoxville).

Effect of vegetarian diets on bone density and nutrient intakes on aging women--University of Tennessee (Knoxville).

Utilization of dietary nitrogen during aging--Virginia Polytechnic Institute & State University (Blacksburg).

Vitamin B_6 status and requirements of humans--Virginia Polytechnic Institute & State University (Blacksburg).

Nutrient composition and quality of convenience foods marketed for institutional use--Washington State University (Pullman).

Food Patterns/Nutritional Status/Improvement of Nutrition

Influence of socioeconomic factors on food habits and nutritional status of older persons--Auburn University (Alabama).

Factors affecting the intakes of food and nutrients by the aged poor in three Arkansas counties--University of Arkansas (Pine Bluff).

Nutrition and food acceptance as related to selected environmental factors--Colorado State University (Fort Collins).

Cultural food habits of senior citizens in Leon County, Florida--Florida Agricultural & Mechanical University (Tallahassee).

Food practices and nutritional status of selected low-income elderly in a six-county area of Kentucky--Kentucky State University (Frankfort).

Nutrition improvement in the northeast region--University of Maine (Orono).

A study of factors which influence human food formation and change (Phase VI)--Lincoln University (Jefferson City).

Evaluation of intervention programs for improving nutritional status of elderly people--Lincoln University (Jefferson City).

Nutrition and food acceptance as related to selected environmental factors--Oregon State University (Corvallis).

Food choices and nutritional health of the older age group--Prairie View A&M College (Prairie View).

A study of food habits and nutritional status of elderly people in Southside, Virginia--Virginia State College (Petersburg).

Nutritional status of selected participants in Title VII nutrition program in Vermont--University of Vermont (Burlington).

Food practices and nutritional status of selected low-income elderly in a six-county area of Kentucky--Kentucky State University (Frankfort).

Community Services--Alternatives For Delivery/Cost

Community structure and the coordination of human services for rural development--University of Maine (Orono).

Cost of alternative structures for delivering community services--University of Maine (Orono).

Community services for older people in the rural northeast--University of Maine (Orono).

Design responses to the recreational needs of low-income and elderly groups--Agricultural & Technical University of North Carolina (Greensboro).

Methods of selecting, planning, managing, and evaluating recreational sites (Phase II)--University of North Carolina (Greensboro).

Community services for older people in the rural northeast--Rutgers University (New Brunswick).

Low-income people of rural Pennsylvania: resources and opportunities for improvement--Pennsylvania State University (University Park).

Community services for older people in the rural northeast--Pennsylvania State University (University Park).

Health-care delivery services in rural Texas--Prairie View A&M College (Prairie View).

An interdisciplinary approach to community recreation development--University of Wisconsin (Madison).

Consumer Needs of the Elderly--Products/Preferences/ Expenditures

Color perception, utilization and safety of textiles and effect of these properties on marketing--Colorado State University (Fort Collins).

Marketing habits and use practices of textiles and clothing especially by the elderly--Colorado State University (Fort Collins).

Actual and ideal clothing and other expenditure priorities of elderly consumers--Louisiana State University (Baton Rouge).

Consumer needs of the elderly--University of Maryland (College Park).

Housing/Environment

Assessment of housing needs and conditions in small cities and towns--Iowa State University (Ames).

Housing decisions of the elderly in Maine--University of Maine (Orono).

Providing financial relief to elderly homeowners: the case of property tax concessions versus a home--Cornell University (Ithaca).

Research-based design for the aged--Cornell University (Ithaca).

Quality housing environment for low-income families--Oklahoma State University (Stillwater).

2 Projects supported by Title V funds:

A joint research/Extension project in Iowa to inventory outdoor recreational facilities to older people. Some twelve communities were involved.

A project in Kansas to study housing and environmental preferences of older persons. Attention was focused on the design of housing for the elderly in rural communities.

A research/Extension project in Missouri to assess the needs of the elderly, and to help design programs based on these assessments.

A joint research/Extension project in Maine for improving homes in the Lower Penobscot River Area (included the elderly although not limited to them).

3 Projects supported by state funds only:

Housing requirements of elderly persons: space and safety needs--Colorado State University (Fort Collins).

Nutritional status of aged in regard to minerals--Purdue University (Lafayette).

Work and retirement patterns in small towns--Iowa State University (Ames).

Family life education and human development through the family cycle--Kansas State University (Manhattan).

Family life education in mental health centers in Kansas--Kansas State University (Manhattan).

Research and information exchange: care of the aged--Kansas State University (Manhattan).

Personal stability and social adjustment of Kentucky mountain people as related to family patterns--University of Kentucky (Lexington).

Attitude of the elderly regarding participation in family maintenance activities--Louisiana State University (Baton Rouge).

Food behavior and nutrition education of Michigan residents--Michigan State University (East Lansing).

Community structure and aging--Cornell University (Ithaca).

Activities of the South Carolina day care centers for the aged--Winthrop College (Rock Hill, South Carolina).

Evaluation approaches for nutrition and food component in nursing home residence--University of Wisconsin (Madison).

Let me mention three reactions to the current research effort. First of all, I am pleased that we have built up and maintained a respectable research effort. It represents a response to needs in the states. It also seems to indicate that researchers in the system are willing to respond to such needs, although they may not think of themselves as gerontologists or as making a long term commitment to gerontological research.

A second reaction is that the research indicates some of the weaknesses as well as the strengths of social science research. It is in and out, discontinuous, and lacks the

depth to grapple with the problems confronting the aging, as well as the communities and institutions which serve the aging.

A third reaction is that the people at this conference may be able to put together a project that overcomes these limitations. The proposal that may emerge from the work done in preparing for this conference, from the conference itself, and whatever comes next, could respond to needs of highest priority. It could do so in such a way as to have something significant to say about the needs.

Developing a Research Proposal

I would like to identify some considerations in the shaping of a research proposal.

One such consideration is the emerging concept of a continuum of care options. The essential idea would be to put in place a system of care which responds to the needs of the elderly over the years--from independence and low need for services in their fifties and sixties, to high need for services, high vulnerability, and high-to-complete dependence in their last years of life. When we talk of the needs of the elderly, we need to be clear about who we are talking about and where they are in the aging process. Because more and more people are living through these years, and the numbers are increasing each year, it makes sense to think of a continuum of changing needs and care, and to plan research within that perspective.

The notion of a continuum of care options is high on the agenda of the Commissioner of Aging, Robert Benedict. It will likely become, if it is not now, the focus of the programs of the Administration on Aging.

Another important consideration is the growing number of imaginative Extension programs for the aging. These programs have reached the point where stronger research support and back-up are needed to help increase their effectiveness. The North Central Extension Committee, for example, proposed to the department heads in Rural Sociology that these needs for research be identified and given high priority.

Some exciting opportunities exist for forging a research/Extension/user partnership on aging in rural areas. Through such a partnership, research and Extension could take into account the needs of the elderly and the agencies serving the elderly. The flow of ideas into research could be strengthened,

as well as the flow back to users of relevant knowledge and technology. The key is the relationship to the user. This relationship could be built and maintained by the total system, with Extension playing a significant role. It is in no way the exclusive responsibility of researchers. As we have long recognized, researchers do have a responsibility to work within the context of use and application. To the extent that they attempt to assume the major responsibility for the relationship to users, they may damage their capability to do the needed research.

As a research proposal takes shape, then, we need to give some thought as to who the users and potential users will be, and how some relationship to them can be established if it does not now exist. We need to understand their needs, and to consider how the research/Extension/user partnership can be strengthened to improve the well-being of older Americans.

Some Fundamental Questions

One reaction to this emphasis on use could be that it is the usual Land Grant rhetoric. In one sense it is, but it now relates to some fundamental questions about current federal policies and programs on the production and utilization of knowledge. A careful analysis of research in education resulted in a conclusion that "investments of over a billion dollars in research and billions more in categorical aid" had not led to significant innovation in the nation's educational system. Berman and McLaughlin (1975) confirmed findings of earlier studies that "few" innovative projects are ever carried out as intended. Many are only nominally innovative, and many break down altogether.

These researchers account for the success or failure of innovation in education in these terms:

> *The main factors affecting innovations were the institutional setting, particularly organizational climate and motivations of participants; the implementation strategy employed by local innovators to install the project treatment; and the scope of change implied by the project relative to its setting. Neither the technology nor the project resources nor the different federal management strategies influenced outcomes in a major way (Berman & McLaughlin, 1975).*

In education, local factors seem to be more important in accounting for successful implementation of innovations than federal policies or educational technologies such as changes

in curricula, institutional methods, or other predefined treatments.

Extreme caution is required in generalizing from the situation in education to that in aging. No attempt is made in this paper to do so. At a more fundamental level, however, one can at least raise some significant questions. Perhaps a basic question in both aging and education is the federal government's approach to the production and use of knowledge. Increasingly, the linear movement of ideas and innovations from research, through development, through diffusion, to utilization, is called into question. Again in the field of education, Clark and Guba (1974) describe what happens in this way:

> *The current Federal policies and programs in support of educational KPU (knowledge production and utilization) are inadequate practice . . . . The inadequacies are embedded in the conceptual view of educational KPU that has been adopted, even if only implicitly, to undergird these policies and programs, i.e., an engineered "systems view" of educational R and D which presupposes and/or attempts to effect a linked set of agencies following the R-D-D-A (research, development, diffusion, adoption) paradigm to achieve a commonly agreed upon (or implicitly understood) goal of production (Clark and Guba, 1974:2).*

Major Factors

Many factors operate to produce this outcome. Two major ones will be commented on here: one is the unrealistic assumption inherent in the systems perspective, and the second is the noninvolvement of users of research in the research and innovation process.

Unrealistic assumptions based on the systems perspective

Agencies in the aging and the educational networks do not, as the system perspective assumes, share common goals and objectives. Some goals may be shared at least to some degree, some may be nominally shared, and many may be in conflict.

Equally important, central agencies in local areas--both an Area Agency on Aging, for example, and external state or federal agencies--do not have a strong enough set of sanctions "to entice or compel others to fall in line behind a

single set of goals and to cooperate in achieving them."

Requirements set by funding or regulatory agencies are not automatically translated into compliance. Such "requirements" become additional forces in a field of action in which "the regulated agency maneuvers to preserve its autonomy and to give priority to the achievement of its own objectives."

Noninvolvement of users and potential users in research

From the perspective of a local school staff, its primary purpose is to "keep school." It is not to produce or to keep up with new knowledge in education. Keeping up becomes more onerous when much of the new knowledge, as educators see it, seems at best peripherally related to the day-in, day-out tasks of "keeping school," especially when the educators have had no involvement in the research or innovation process.

Likewise, agencies in aging do not see knowledge production and utilization as a function in what they do. Directors and staffs of Area Agencies on Aging or service agencies tend to question research and to see it as only peripherally related to the clarification and solution of the problems they face in improving services for the aging.

It is increasingly clear that if we begin with research or a body of research findings and work through development, diffusion, and adoption, relatively little may happen. It is also clear that if research begins with the needs of users, and users are involved in research, the chances are improved that application may take place.

Research Involving Users

A research strategy involving users--one which would bring researchers and users together at critical points in the knowledge production-utilization process--would help meet such conditions. Such a strategy could strengthen communication, facilitate change, and increase the use of innovations. One possibility would be to have a research group in a university or a private research organization create a researcher-user network within part of a state or in the whole state. Through the network, these functions would be performed:

1 Periodic discussions would take place between researchers and users on the major problems or issues confronting users. A common or acceptable formulation of problems would be jointly developed. Differences between the user and researcher perspectives could be explored.

2 From these discussions researchers could formulate a statement of research issues and a research design.

3 The research design would be shared with users to build further understanding and create a "climate for use of the findings." Differences between researcher and user expectations would be narrowed.

4 Researchers would keep users informed of what was happening.

5 Early drafts of research reports would be shared with users to get their ideas on interpretation and implications. New and appropriate social technology based on findings could be designed in cooperation with users. This would include new structures, new processes, new procedures, and new sets of rules.

6 Final drafts of the report would be made available to users and for general distribution.

The basic objective in this strategy would be to help users become active participants in the knowledge producing-innovative processes in improving services to the elderly, and in helping make the emerging network more viable and effective. Applied and developmental policy-related research might be seen as a resource to improve operations in designing and implementing programs. Basic research, with its detached and abstract quality, might be seen as helping define the essential nature of phenomena, the institutional setting, the emerging systems, and the basic principles that affect human behavior.

Through such a strategy, the capacity of the emerging aging network from the local to the national level might be enhanced. Users could become more deliberate decisionmakers in the knowledge producing and innovation process. Conditions could be created to help the elderly, agency staff members, administrators, community leaders, and public officials think critically and deliberately about basic human goals and about alternative means to their achievement--not only in the short run, but over time.

Chapter 2:

Elderly People in Rural America

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The American population is growing older, both in average age and in numbers of individuals living to advanced age. In 1970 the post-65 aged category was more than 10 percent of the total U.S. population and growing steadily, while in 1850 the figure was only 3 percent. The proportion of elderly in rural areas is somewhat greater than the national average and is increasing even faster; this circumstance is due in part to greater longevity, lower birth rates, and migration of young people to cities, but also to increasing numbers of older urban people moving to small towns and rural retirement communities (Youmans, 1977; U.S. Census, 1973).

The Contemporary Status

Older people have below-average per capita incomes, in part because pensions tend to be considerably less than the salaries on which they are based. Average levels of education and earning power are usually *much* lower for contemporary retired people than for current workers, since the elderly were members of an era of less education and abundance. Furthermore, rural elderly people tend to be considerably worse off than urban older people. Farmers often work to more advanced ages, however, or are otherwise able to maintain a somewhat higher income in older age than those who move off the farm or who retire from nonfarm jobs (Youmans, 1977).

As the ties among family members have weakened, particularly between parents and children, older persons have become increasingly dependent on current personal income for their livelihood. Only rarely do extended families provide full care and maintenance for aged members. The problem is aggravated by the present inflationary trend, particularly the vastly increased costs of food, housing, health care, and

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transportation. Older people spend a greater proportion of their budget on these items than do younger families (Larson, 1975).

The Supplementary Security Income (SSI) program of 1974 provided a minimum guaranteed income for older people and substantially improved payments to those rural people receiving minimal social security benefits. Cost-of-living increases in social security benefits have also helped, but not sufficiently to fully override inflationary effects. Nonetheless, the median income of all older American families increased by 44 percent between 1970 and 1974 in major part because of these social security adjustments.

More than 90 percent of the older people in the United States receive benefits from some form of public or private retirement fund, but the benefits vary widely and not all such programs have provisions that allow adjustment for inflation. As of 1974, approximately 16 percent of all older Americans were below the poverty threshold (Larson, 1975).

Among the primary reasons for lower incomes among elderly rural people, as compared to urbanites, are lower social security benefits resulting from low earnings during the working years. Many farm people were either not enrolled in social security programs for much of their lifetime, or they earned very low net incomes from small farms which did not enable them to build a very large social security research (Twente, 1970; White House Conference on Aging, 1971).

Programs such as Meals on Wheels for older people (usually funded under the Older Americans Act of 1965) help to overcome this income inadequacy. However, centralized meal programs are much more difficult to implement in rural areas than in larger towns or urban locations; rural older people tend to be more dispersed, and the per capita cost of preparing and distributing food is higher.

The general pattern of movement from urban to rural and small town locations has been particularly noticeable for older people in the "sun belt" states of Florida, Texas, Arizona, and California, but it is also significant in many northern states. The urban elderly appear to be as unhappy with some dimensions of city life as their younger neighbors. This is evident despite the fact that more services for the elderly exist in urban locations. Apparently, mere quantity of services is not a sufficient condition for satisfaction with living conditions (Wang and Beegle, 1977).

Few precise statistics are available to reveal current characteristics of the rural elderly. The 1970 census remains the best source of detailed information until results of the 1980 census are available. There were roughly 9 million nonmetropolitan elderly in 1970, nearly 60 percent of whom lived in towns of less than 2,500 or in open country locations. Of

those 9 million rural elderly, 54 percent lived alone, 34 percent lived with a spouse, 9 percent lived with relatives or children, and about 4 percent lived in other circumstances (Coward and Kerckhoff, 1978).

The Immediate Environment

On the average, housing for older people in rural areas is of substantially lower quality than in urban locations. Despite federally and locally sponsored efforts to provide apartments or otherwise improve the immediate living circumstances for rural older people, many live in conditions that would be considered substandard and subject to condemnation in cities with building codes. However, many older people have lived their entire lives with modest housing and therefore do not feel the sense of deprivation that would occur for Americans accustomed to the conveniences of a modern home (Youmans, 1977).

Rural communities usually have very limited public transportation, resulting in more limited mobility for older people than in urban environments with modern transportation systems. Several studies have demonstrated rather forcefully that restrictions on mobility reduce social participation, lower life satisfaction, and generally result in feelings of constricted life space (Cutler, 1972, 1974, 1975). Transportation is a problem for older people regardless of residential location because of physical infirmities, high cost of personal or public vehicles, and perceived hazards of traveling. In rural areas, particularly open countryside, distances to kinfolk, friends, and services are likely to be greater than in urban areas (White House Conference on Aging, 1971).

Older men are considerably better off in this respect than older women, and in fact may be just as mobile as younger men; they continue to drive cars at advanced ages unless their health severely fails them. However, older rural women have tended to rely on husbands or other males and are therefore more restricted when they outlive their husbands or become more dependent and fearful in old age. Older rural women also are less able to afford transportation and are thus more restricted (Patton, 1975).

The high proportion of older people who inhabit most small rural towns gives the communities a character quite different from growing cities or suburban areas. Towns of 10,000 or less accounted for 12.2 percent of the total population in 1970 but contained 26.8 percent of the people over 65. Despite deficiencies in services, small towns remain

relatively comfortable havens for older people. This is where their lifelong friendships have usually been formed; distance is shorter and it is easier to secure needed material goods and services than in most urban places, prices are lower, and crime is generally lower.

However, a large proportion of older people presents severe problems to those communities, largely because incomes tend to be low and demand for certain services is high (such as medical assistance and public transportation). Because older people usually have relatively modest fixed incomes, they tend to oppose increases in property or other taxes which would lower their disposable income. Financing of local government services and maintenance of physical or social facilities is therefore often difficult. Business structures and housing are often dilapidated, giving the towns the appearance of deterioration. Quite often the only new or modern facilities are federally financed post offices, publicly or privately operated nursing homes, and funeral homes (Sell, 1974). These conditions may be quite satisfactory for older people who are accustomed to these circumstances, but the towns may appear seriously deficient for younger families, business people, or professionals who want high quality schools and services.

Very few of the towns are able to provide medical or maintenance services that enable older people to remain in their homes once they become dependent, although recent federal initiatives under the Older Americans Act of 1965 (and 1973 amendments) are helping to solve this problem in communities which have chosen to develop programs. Nonetheless, it is extremely difficult for small towns to independently organize and finance programs which would make life easier for their older citizens, despite the fact that this is where a high proportion of older people choose to live.

Rural towns to which large numbers of the elderly have migrated also have difficulty responding. Housing and living costs may be modest, unless the communities deliberately cater to the aspirations of wealthier older people. The towns will often be heavily dependent on mobile homes but will appear much less dilapidated than rural towns where older residents are primarily local. These towns have an easier time attracting business, services, and professional people because often they are in locations that rank high in environmental amenities. Studies of the impact of elderly migration on smaller rural areas demonstrate that such communities are often growing and therefore attract younger well-educated persons as well (Wand and Beegle, 1977).

Thus, most objective analyses reveal that many of the rural elderly live in a deprived environment when compared with urban older or younger people. However, selected rural communities have rather vigorously used public and private funds to improve housing, transportation, and the living envi-

ronment for older people. Examples of attractive and comfortable senior citizen apartments, rest homes, or entire communities abound for those with the income and initiative to participate. Furthermore, there is wide variation among communities, among states, and across regions of the United States in the adequacy with which the immediate environmental needs of older people are met.

Role Problems of the Rural Elderly

Older age and retirement usually lead to major adjustments in social roles. For example, less than 25 percent of all men over 65 continue to work after age 65. In a work-oriented rural society this often means that men, particularly, perceive themselves as declining in status when they stop regular work. The regularity of work provides a sense of stability that may be lost upon retirement, occasionally leading to feelings of aimlessness and meaninglessness. Many older men and women in rural areas therefore continue active work or engage in other stimulating activities until death or serious physical impairment, because idleness is not a happy state for them (Coward and Kerckhoff, 1978).

A statewide study of elderly people in the largely rural state of Montana revealed that although older people certainly suffer from inadequacies of income, health care, transportation, and housing, they are most concerned about the inadequacy of their social roles and relationships. They want greater opportunities to do meaningful tasks as long as they are able to, and very much prefer to remain active even if the pace is somewhat slower than in younger years (Evans and Brown, 1970).

A study of older men in rural Iowa (in this case, men from towns of less than 10,000 and open country) revealed that a very high proportion (54 percent) were still actively working beyond age 65. Forty-two percent were still working at age 75 or older. Self-employed professionals, small businessmen, and farmers were particularly inclined to continue working until health or other impairments interfered, while salaried professionals and factory workers were somewhat more inclined to retire. Roughly half of those still working beyond age 65 were employed only part-time, which might be easier for older men in rural areas to manage than would be the case in urban locations (Powers *et al.*, 1977).

Widowhood may require an even more severe adjustment than retirement, and nearly 40 percent of all rural people over 65 are widowed. The loss of the spouse removes the most

significant source of emotional support and companionship. Social contacts with children, relatives, and organizational companions decrease considerably for males following the death of a spouse. The decline in participation is less dramatic for females, but participation is still lower when compared to married older women. Isolation increases with widowhood; new roles to replace the married role are very difficult to initiate. This is particularly a problem in rural areas where alternative activities are limited because of physical isolation and limited transportation opportunities. There is often a shortage of volunteer agencies, senior citizen centers, and casual social centers (Coward and Kerckhoff, 1978).

Nonetheless, a study in Wyoming revealed generally high satisfaction and adequate circumstances for about 75 percent of the people over 65. One finding that is consistent with results for other rural areas (although possibly more pronounced in Wyoming) is the very high proportion (97 percent) who feel they can rely upon neighbors when they need help. It is quite unlikely that urban older people would indicate this level of confidence in neighbors. Older people in Wyoming demonstrated relatively low levels of loneliness or unhappiness (approximately 25 percent) or dissatisfaction with life (3 percent) (Hampe and Blevins, 1972).

An Iowa study of older workers in small towns, replicated in 1974 after an initial survey in 1964, revealed a rather high level of satisfaction with retirement among farmers, factory workers, owner-merchants, salaried professionals, and self-employed professionals. These are generally prosperous groups among the population categories of rural areas, which would lead to an expectation that they might find retirement more adequate than less prosperous older people in Iowa or elsewhere (Goudy, Keith, and Powers, 1977).

Health and Medical Care

Ill health and financial problems are the two preeminent concerns for many older people. Serious deterioration in health status can lead to drastic alterations in the behavior alternatives for older people through: (1) required termination of many satisfying activities, (2) limitations on mobility, (3) possible institutional confinement, (4) increased dependence on other people who are sometimes impersonal, (5) discovery that family members are unable or unwilling to provide daily care, and (6) major financial obligations for which funds may be inadequate. The combination of these factors has major impact on mental as well as physical health and well-being (Bultena *et al.*, 1971).

The rural elderly exhibit a larger number of health problems that tend to be more severe in comparison with the urban elderly. This is obviously associated with the generally poorer quality and quantity of health services in rural areas and with the income and transportation problems noted above. Nutritional inadequacies are clearly one of the causes of poor health, and rural older people may be less informed about good nutrition while also suffering from insufficient vigor to prepare appropriate foods (McKain, 1957; Youmans, 1967b, 1974; McCoy and Brown, 1978; Atchley, 1977).

Numerous studies have revealed a direct association between good health and high morale. Poor health leads to limited mobility, depression, and other problems that reduce ability to enjoy life (Lee, 1978). Visiting friends and family is more difficult, as are activities out of doors such as gardening, walking, or doing odd jobs at home or in the community.

Depression is the most common psychological problem of old age and is usually a result of loneliness, loss of peers, minimal contact with family, and a sense of deteriorating physical abilities. The suicide rate among people over 65 represents 25 percent of the total annual self-inflicted deaths in the nation, and steadily increases with age of males. Hypochondria (preoccupation with illness) is also high among older people, probably as a direct consequence of attempting to cope with the anxiety and loss of attention associated with growing old. Paranoid reactions associated with perceived mistreatment are also frequent, sometimes as a direct consequence of sensory losses in vision or hearing but also as a result of anxiety, insecurity, and isolation. These are examples of the important mental health problems of the rural elderly, which may be exaggerated by reluctance to seek competent assistance because of negative attitudes toward mental illness or financial limitations (Coward and Kerckhoff, 1978).

Health and mental health limitations are not as readily treated in rural areas. Older people are reluctant to seek help even if specialized assistance is available, because ailments are deemed "normal" for aging people, or consultation with medical or mental health specialists may appear too costly.

Despite the evidence that urban older people have greater access to medical care and other amenities, a recent study in Louisiana rather clearly indicates that rural people in that state live to greater ages than urban people. This is particularly noticeable for the black population, although it holds for both blacks and whites. The longer life of rural people is attributed to an environment that is conducive to longevity: a continuation of work and community roles without abrupt change, closer family ties and relationships, greater continuity of friendships, greater opportunity for exercise, and a more healthful physical environment with lower levels of air pollution (Kwan and Bertrand, 1978).

Social Participation

Despite the apparent deprivation of many elderly rural people, the tendency is to remain actively involved in social activity to a greater degree than the urban elderly. Support from local social organizations, as well as friends and neighbors, is more evident (Lozier and Althouse, 1975).

However, children tend to be somewhat less available to the rural elderly than in urban areas, in part because young people have left rural communities in such large numbers to seek work elsewhere. Urban youth are more often able to find employment within the immediate area. Contact with brothers and sisters is roughly the same for both rural and urban elderly, while overall contact with relatives appears to be slightly higher in rural areas (Bultena, 1969b).

Although rural older people want to maintain close contact with children, they generally do not prefer to live with them. Those older people who have the least contact with other older people are also often unhappy with treatment by their children. The largest proportion of older people maintain regular contact with offspring, either face to face, by phone, or by mail. This tends to occur despite the absence of children from the rural communities where their elderly parent or parents live (Brown, 1974).

Although contact with brothers and sisters is less frequent than with children, sibling interaction tends to be maintained over time. Such relationships are often revitalized after retirement or departure of children. The majority of older people are helped in some manner by their children or other relatives, particularly in the form of material support, emergency aid, or physical assistance with shopping or yardwork. Maintenance of relationships with family may become increasingly important as other forms of interaction (and mobility) diminish (Coward and Kerckhoff, 1978).

The family provides a most important source of support and affection without which older people are more likely to lose their sense of personal stability, well-being, and self-respect. Even if family relationships are less than fully satisfactory, they provide an important source of structure and meaning for older people who would otherwise feel more isolated and alone (Brown, 1974).

The special difficulty of the older person in the con-

temporary family situation arises from obsolescence of knowledge and declining ability to contribute to family well-being; the status of the older person tends to decline as the tasks performed become less useful in generating income or maintaining the family situation. The older person becomes more dependent at approximately the time younger children become most independent (Twente, 1970).

Feelings of Well-Being

Despite the repeated findings that rural older people are worse off economically, with regard to transportation, health, housing, and other amenities, national sample studies rather clearly indicate they feel happier and at least as satisfied as their urban counterparts. This feeling of relative satisfaction is attributed to stronger ties with neighbors, relatives, and community organizations. However, there has not as yet been sufficient study of differences between rural and urban older people to be highly specific about underlying reasons for the apparent greater feelings of well-being among rural older people.

The rural elderly feel considerable satisfaction with their life situation. A national sample survey of the rural elderly indicates that 91 percent consider their income to be adequate; only 25 percent feel they have trouble meeting financial obligations. Eight-nine percent express satisfaction with their housing. Furthermore, despite objective evidence to the contrary, the rural elderly consider themselves to be in better health than urban older people. Fully 85 percent of the elderly people sampled were unwilling to admit that they needed anything more than what was presently available (Coward and Kerckhoff, 1978).

An Iowa study of the elderly in 1970 (noted earlier) revealed a similarly high level of satisfaction with rural home communities; people in rural communities were generally more satisfied than those in urban communities. Rural older people were particularly more content with the neighborliness of their communities, while the urban elderly were more satisfied with the convenience of stores and services. Family contacts in the Iowa sample were generally high and quite satisfactory, particularly between older people and their children. More than half the sample indicated they had at least one very close friend whom they saw regularly. However, the earlier 1960 study indicated a considerably higher level of satisfaction with friendships and family relationships than in 1970. Greater dissatisfaction with social contacts has apparently removed one of the important dimensions of

contentment (Bultena *et al.*, 1971).

The greatest satisfaction among older people in Iowa appeared to come from home-centered and individually oriented activities, rather than from family- or community-oriented events. This is particularly the case among older people who are independent and largely maintaining themselves. They indicated a strong preference for private dwellings, self-selected activities, and personal time allocations (Bultena *et al.*, 1971). Despite the objective evidence concerning the rural elderly home conditions, older people maintaining private households tended to rate them good or very good (88 percent), suggesting that independence of home life has exceptional importance. The great majority of the Iowa sample held very negative images of group facilities despite quality of care and physical attractiveness (Bultena *et al.*, 1971; LeRay *et al.*, 1977). Even in states such as Georgia, which have a reputation for higher quality nursing homes in rural areas than in urban places, older rural people maintain a strong preference for private residences (Robinson, 1970).

The basis for the positive expressions of satisfaction by rural old people arises in part from their earlier more difficult life experience during the years of the Great Depression (1920s and 1930s) and World War II. Living conditions for most older people have improved since that time. Self-reliance and independence were highly important values (and behaviors) during those less affluent decades, when few people aspired to the level of income and comfort which we now consider essential.

Negative attitudes toward dependence tend to make the dependent older person more miserable than those who live alone but are self-reliant. Loss of financial independence, personal mobility, and privacy of household can collectively lead to low morale because such conditions are perceived as degrading (Coward and Kerckhoff, 1978).

The Basis for Satisfaction or Dissatisfaction

Older rural people appear, on the average, to prefer relatively few close relationships rather than group activities. The strongest preference is for one or more nonrelatives of the same sex who serve as close, confidential friends, and with whom the older person can share intimate concerns and conversations. These close, confidential relationships help to moderate the effects of difficult circumstances, and aid personal adjustment to declining health, poor housing, immobility, and modest income (Bultena *et al.*, 1971).

Fearfulness is among the factors that limit mobility and social interaction of elderly people. A national sample survey in 1973 (Lebowitz, 1975) reports striking differences in this respect between rural and urban elderly: only 19 percent of the rural people over 60 indicate fear of going out at night to selected places in the neighborhood, while fully 71 percent of comparably aged urban people report fear of the same experience. This may be one important reason why rural older people express a higher degree of satisfaction and happiness with their situation in life when compared with more affluent urban older people. The tendency to be fearful is higher for older individuals who are poor, live alone, or are female (Lebowitz, 1975; Hynson, 1975).

Other studies have indicated that quality of housing is of less importance as a basis for satisfaction than other environmental factors. Elderly people in modern high rise urban apartments indicate lower housing satisfaction and lower mobility than older people living in smaller communities with more modest housing (Lawton, Nahemow, and Teaff, 1975).

Program Alternatives

Since there is great diversity in the circumstances of elderly within rural communities, as well as among communities across the United States, it is important not to assume that the elderly are a homogeneous group of people, with similar problems in every rural region. Furthermore, needs and problems change as age advances, and the old age category can cover an age span of 40 years if the lower limit is age 60. Younger "old" people can often remain active in rural occupations and community life for many years beyond the usual retirement age. Supportive services become more important as impairment begins and older people are physically unable to independently meet some of their daily requirements. Serious impairment of physical or mental conditions at later age requires more intensive support, often including special homes where daily intensive care is available. As mental functioning becomes more limited, protective services become important to assure that older people are not neglected or exploited. Terminal care becomes critical when serious illness will most certainly lead to death (Coward and Kerckhoff, 1978).

Despite statistics suggesting the rural elderly are objectively worse off than the urban elderly--often lacking running water, hot water, or indoor plumbing--it may be a serious mistake to impose these amenities on people who have grown comfortable and accustomed to modest circumstances, particularly if the imposition of conveniences means loss of integrity

and independence. The apparent high level of satisfaction with life (indicated in several national and state surveys) suggests that subjective well-being may be more important than modern conveniences to many older rural people.

Programs for the rural elderly are designed almost exclusively as leisure or recreational pursuits, when in fact many older people might prefer productive activities which use the skills, and knowledge in which they take pride. This may particularly be the case with older men or women who have worked at tasks requiring some special set of skills, and may be more the situation in rural areas where the value of productive work has been an important part of the cultural tradition. If adequate programs are to be designed in rural communities, it is essential to deliberately determine the range of interests and possibilities in each community. Direct involvement of older people in the planning and initiation of such programs is critical if activities are to be helpful and accepted.

Operation Mainstream was created in 1965 as part of the Economic Opportunity Act to provide public service job opportunities for low-income persons. In addition to the Green Thumb and Green Light programs administered by the National Farmers Union, the National Council of Senior Citizens created Senior Aides; the National Council on Aging created the Senior Community Service Program; the National Retired Teacher's Association and American Association of Retired Persons created the Senior Community Service Aides; and the U.S. Forest Service employed older people in service activities. Such programs have in most cases demonstrated the soundness of finding useful work roles for older people. Green Thumb, Green Light, and Forest Service programs have concentrated their efforts in rural towns and the national forests on maintenance and conservation projects, while other programs have focused on strengthening existing community services, developing conservation projects, and providing outreach services to help other aged people who are confined because of ill health or handicaps. However, only a very small fraction of the rural elderly able to work have benefited; there have been seven to ten applicants for each of the positions available. Largely because of limited support funds, only a limited number of communities in the nation have opted to undertake such programs (Larson, 1975).

The Green Thumb and Green Light employment programs are intended to assist older rural males and females with a farm background. Interested older people are employed through state employment offices and work up to three days per week at a nominal wage. A training program is included as part of the activity schedule. Projects are usually designed to conserve resources and improve or beautify the community through park construction or maintenance, roadside planting or cleanup, and other service activities. Older women also undertake work with local service agencies to improve community services (U.S. Senate, 1970).

Consequences of Community Development

Unfortunately, community or industrial development of rural areas appears often to be more detrimental than helpful to older people. One of the advantages of smaller communities has been lower living costs for housing, food, clothing, and services. As industrial development or other forms of growth take place, these advantages often evaporate. Older people tend not to benefit from economic development through increased incomes, but directly suffer from the effects of increased costs of basic necessities. Unless direct action is taken to supplement the incomes of older people in growing rural communities, they are likely to become more deprived (Clemente and Summers, 1973).

The Positive Dimensions of Growing Old

Although much of the available information about old age focuses on the negative features, there are also very clearly many positive attributes of postretirement or senior status. Aging often increases opportunities for leisure activities, travel, hobbies, reading, and a huge array of other activities, which can be quite fulfilling (Coward and Kerckhoff, 1978).

A variety of services for older people are available. For example, within most local settings one or more of the following sources of assistance can be located:

- social security
- information and referral services
- rehabilitation services
- organizations for the elderly, such as "golden age senior citizens"
- interagency councils on aging
- health departments
- nursing or convalescent homes
- public health departments
- public welfare departments
- medicare
- surplus commodity programs

- food stamps
- public housing programs
- state employment services
- recreation departments
- churches
- adult education programs.

This is not a complete list of services but serves to illustrate the variety of programs and organizations which can be of assistance to the elderly.

Community and Regional Councils on Aging

Community or regional councils on aging have been formed in many rural areas to coordinate varied programs to serve the elderly. Although no definitive data exist to indicate the effectiveness of such efforts, collaboration among existing organizations should improve the comprehensiveness of services.

The coordinated approach assumes that older people are part of a social context that includes immediate family, friends, local organizations and services, and externally based organizations and services. Any program to assist the rural elderly must be based on this social context as well as on individual older people. To the extent that older people relate to and depend upon their immediate family, as most of them do, assistance programs also must involve relevant family members. External assistance through family members or friends who assume primary responsibility for the welfare of the older person, as opposed to direct assistance or professional care, may be more readily accepted and effective than impersonalized but well-meaning public programs. The "natural" or existing social context may be a better vehicle for transmitting needed assistance than artificially imposed support systems (Coward and Kerckhoff, 1978).

Lack of coordination between various organizations and programs causes a major problem for older individuals with specific needs or unique requirements. Many older rural people who have adequate income and can look after their needs independently until an advanced age need only modest assistance in the form of adjustment and integrative services. The need for services increases with advancing age; supportive, sheltering, protective, and terminal care are progressively needed as age advances or health deteriorates. The task of responsible government or private agencies in rural communities is to provide each older person the kind of help needed at each stage of later life.

Conclusions

Knowledge of the rural elderly is considerably more advanced than was indicated in 1967 in a classic summary of the status of older rural Americans (Youmans, 1967c). Incomes have improved considerably, largely because of federal government actions improving the social security and medical care systems. Older rural people now can feel considerably more secure in their later years because they are assured of some minimum income and medical care should they become seriously ill. However, older rural people are still among the lowest average income group in the nation; they have been negatively affected by inflation--particularly cost increases for housing, food, medical care, energy, transportation, and other necessities for survival.

Real differences continue to exist between the rural and urban elderly. Although the urban elderly are better off financially, generally live in better housing, and have better access to medical care, they are less satisfied with their living circumstances and general community environment than are the rural elderly. Furthermore, elderly urban people are joining the exodus to rural areas, particularly to smaller towns in the warmer parts of the country or to other rural locations with special amenities such as lakes, trees, and adequate social services.

Despite the departure of large numbers of young people from small towns and open country, there is continuing contact between older people and their children, as has historically been the situation (Youmans, 1967c). Contrary to earlier circumstances, the urban elderly now are able to maintain closer contact with children than rural elderly people, because of greater proximity and better transportation. However, the more satisfying social system in rural areas appears to overcome the lower parent-child interaction in maintaining contentment among rural older people.

Population growth and new jobs in rural areas are increasing the supply of many services that should benefit older people. However, economic development or industrialization of rural areas often fails to benefit older people, because development brings increasing costs of basic necessities and older people tend to have relatively fixed incomes. Improved medical care and social services do not necessarily replace immediate purchasing power.

Youmans' conclusions about the status of the rural elderly remain basically appropriate: special conditions in rural communities prevent many rural people from taking full advantage of federal and state initiatives that were largely designed for an urban population (Youmans, 1967c). Despite the high level of satisfaction manifested by rural older people, large numbers of them are clearly without the basic amenities which would make their final years more comfortable and fulfilling.

Chapter 3:

Research-Based Programs for the Rural Elderly

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The development of effective communication between practitioners and researchers in gerontology remains for the most part an elusive ideal. Both groups seem to recognize the important complementary role each can play in the other's work; yet somehow the press of everyday functioning preempts the time necessary to transform the rhetoric of commitment into the reality of action.

The schism between research and practice has been pointed out by many authors (Coward and Cervantes, 1977; Dedmon, 1966; Havelock, 1969; Rothman, 1974). It existed more than 100 years ago when Senator Morrill (R-Vermont) saw the need to establish the land grant university system to facilitate the translation of research-based knowledge into practice. Unfortunately, today the need for such activities still exists, and some would argue that the chasm between researcher and practitioner may be growing rather than being reduced.

Beattie has argued that poor communication "continues to be a major barrier to the use of research by those providing services" (1976:639). Researchers and practitioners working in rural gerontology are no exception. There may be, indeed, some reasons to believe that the situation is worse in rural gerontology than in certain other areas.

There has been an astronomical increase in the amount of written work available on the aging--34,000 publications between 1960 and 1978. Yet several of the major pieces of literature on the rural elderly are only available through relatively obscure sources with limited distribution patterns, for example, the classic 1963 Kentucky Agricultural Experiment Station bulletin by Youmans, or the mimeographed proceedings distributed by the Gerontological Society entitled *Rural Environments and Aging* (Atchley and Byerts, 1975), or even a piece edited by this author which is only available through the Indiana Cooperative Extension (Coward, 1977b).

Furthermore, most gerontologists have spent little time studying the rural elderly because many believe that the developmental tasks of aging are similar in both rural and urban environments. However, there is common agreement that the

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delivery of services in small towns and rural communities differs distinctly from the delivery of such services in metropolitan areas (Coward, 1977a, 1979; Coward and Kerckhoff, 1978; Coward, Kerckhoff, and Jackson, 1976; Taietz, 1975; Williams, 1976). The rural/urban continuum appears to be of more interest and importance to practitioners than to researchers.

Thus, the need to extract from research all it has to offer is particularly critical for practitioners developing programs for the elderly residing in small towns and rural communities. The shift in the residence of the elderly towards nonmetropolitan communities (Beale, 1975; Brown, 1977; Wang and Beegle, 1977; Zuiches and Brown, 1979), coupled with the rising national consciousness about the needs of the elderly (Binstock and Shanas, 1976), has resulted in a rapid growth of human services in rural areas (Taietz, 1977). Because program models developed in urban areas are inappropriate and inefficient for rural communities rural practitioners are at a critical point in their development of effective strategies for delivering services (Coward, 1977a; Coward and Kerckhoff, 1978; Coward, Kerckhoff and Jackson, 1976; Taietz, 1975; Williams, 1976). Before becoming overcommitted to one form of community programming, the rural practitioner needs to take a critical look at what is known about the elderly, about aging in rural environments, and about the delivery of services in small towns and rural communities.

The Purdue Rural Elderly Project

In the late fall of 1976, Professor Richard K. Kerckhoff and I received a grant from the North Central Regional Center for Rural Development (Iowa State University, Ames, Iowa). The project began with a systematic review of the available research literature on the aging process in rural communities. From this review we wanted to create a manual for community practitioners that would contain:

1. A concise and readable statement describing the major developmental tasks faced by most individuals during latter life; and

2. A summary of the major implications the research held for building community programs serving the rural elderly.

A manual (Coward and Kerckhoff, 1978) was not meant to be an exhaustive review of the gerontological literature; rather, it reflected our concern with the delivery of community services. The available literature was sifted to identify

those containing practical program implications. This reduction process was by nature subjective, and therefore reflected our bias on the intricacies of community planning. Nevertheless, the need for translating the work and language of researchers to that of practitioners continued to exist, and we therefore offered our perspectives not as the *whole* answer but as one step towards the answer.

In the materials that were developed from this project (Coward, 1979; Coward and Kerckhoff, 1978; Kerckhoff and Coward, 1977), we presented guidelines from the research which, in our opinion, warranted consideration by planners developing and delivering services for the rural elderly. Briefly stated, those guidelines are:

1 Recognize that there is great diversity in rural America, both within and among small towns and rural communities.

2 Realize that the "aging life span" incorporates 30 or 40 years, and that this span is not a static period but one of growth. Therefore, community services must reflect the changing needs of advanced aging.

3 Be aware that many of the commonly held myths about the rural elderly are not supported by the results of empirical research. Practitioners must be sure that their services are based on reality and not on assumption.

4 Actively involve elderly representatives in the planning and delivery of community programs. Be sure that community programs offer opportunities for the elderly to engage in activities which they define as meaningful.

5 Strengthen horizontal rural community ties by supporting already established and naturally occurring helping systems.

6 Lastly, understand that including people who are significant in the lives of the aged may increase the impact of the program and provide a more efficient system for delivering rural services.

Programming for the rural elderly is already a major concern in our country, and this concern will continue unless there is a reversal in the present migrational pattern to nonmetropolitan areas.

Diversity in Rural Communities

In the zeal to characterize environmental similarities, the mistake of overgeneralizing the concept of rurality has too often been made; in the process, the diversity of rural environments has been obliterated. Taietz reminded researchers that the "rural-urban dichotomy overlooks the variation within the rural segment and treats rural as if it were a homogeneous group" (1977:4).

The term "rural" has been defined in both quantitative and qualitative terms. Atchley noted, however, that the variations in the definition of rural are concerned with the "boundaries of the categories, not their existence" (1975:1). He stated, "Certainly there are rural people in the United States and there are aged people, but any operational definitions of these concepts will necessarily be arbitrary" (1975: 1).

The practitioner must avoid building programs on a set of generalizations about the rural elderly which may or may not be true for that particular locality. Certainly, there are distinct implications for community programming that evolve from the peculiarities of the rural setting. However, practitioners should avoid oversimplification. In a particular setting, factors other than rurality might be important when planning a program; among the important factors might be income, physical disability, availability of support systems, and marital status of the prospective clientele.

The recent migrational pattern of families into nonmetropolitan areas only compounds the problem of defining rurality. If, indeed, small towns and rural communities were ever homogeneous, they certainly are not today.

Perhaps more important than the lack of homogeneity is the fact that those who migrate from urban to rural communities may bring with them a set of expectations for community services which is significantly different from that held by lifelong residents. Their basic needs may be similar, but their expectations for services and preferences for delivery strategies of those services may vary widely.

Adams (1975), for example, cautioned that the environmental history of residents should be considered when defining both "rural" and "elderly." Adams illustrates his point with the lifetime resident of the big city, who has maintained a

lifestyle and a value system commensurate with a position of wealth, social class, and power, who suddenly at age 65 abandons the city to retire in the quiet countryside of the Ozark foothills; this person differs in significant ways from the successful 75-year-old grocery store owner who has spent a lifetime in the region and who still works ten hours a day, six days a week. Adams concludes that "while the store owner is rural, he is not aged--and his younger counterpart, while aged, is not rural in values or lifestyle" (1975:12).

As the migrational pattern toward nonmetropolitan communities has increased the possibility of diversity *within* any one small town, as illustrated above, the pattern has also added to the diversity which exists *among* small towns. Once again, the practitioner must beware of overgeneralization because of what seem to be similar environmental settings. The small towns in the Virginia countryside, where wealthy Washington businessmen retire, reflect distinctly different milieus than the small towns in Idaho which are inhabited by retired potato farmers and sheep ranchers.

The diversity among rural communities is further complicated when ethnic and migratory characteristics are considered. Although community practitioners are often acutely conscious of the ethnic diversity existing in urban areas, many practitioners seem unaware of the ethnic diversity in the rural communities of our country. The Black rural Southerner, the French-Canadian New Englander, the Chicano and Native American Southwesterner, the Oriental Westerner represent but a few of the many ethnic nationalities in our American rural population. Research on the rural elderly in general is meager; research on the rural minortiy elderly or rural migrant elderly is almost nonexistent.

Age and Diversity

Another potential oversimplification which the practitioner must avoid is the tendency to put everyone over 65 years of age into a single category. Indeed, those over 65 years of age share many common situations and problems. Yet, lumping their needs and interests into one category denies many of the developmental aspects of human growth and behavior. Given the greater longevity of our populations, the "aging life span" now incorporates a 30- or 40-year period which is not static. From a social service planning perspective, the needs and interests of an 85-year old may differ as much from those of a 65-year old as they would from those of a 45-year old. Twenty years younger or older is a significant time span, and practitioners and researchers must recognize the diversity that exists within that 40-year span.

Beattie (1976) has identified five phases of aging that require distinctly different types of community services (Table 1). Although the need for particular services can be loosely tied to broad chronological age ranges, the sequence should not be rigidly applied. Rather, the table is presented here to emphasize that research has demonstrated developmental diversity in the needs of those over 65.

To plan services as if all individuals over 65 years of age are alike is an oversimplification and will inevitably lead to poor programming. Similarly, to plan services around a rigid concept of developmental needs denies individual variability. Practitioners must recognize that life after 65 is not static; growth still occurs, and the dynamic nature of that growth needs to be reflected in community programming.

Myths about the Rural Elderly

Social service planning for the rural elderly may require a certain amount of relearning for many--a reversal of some commonly held misconceptions about "country living." Not all small-town families are like the TV Waltons! There are very few studies in which the family patterns of the rural and urban elderly are directly compared; studies that are available indicate some differences, but that rural patterns may not reflect the traditional myths of the integrated rural setting (Bultena, 1969b; Shanas *et al.*, 1968; Youmans, 1963). Powers, Keith, and Goudy suggest that such myths reflect "the longstanding assumption that disintegration of the family has proceeded further in the city and that the heterogeneous nature of the city has a deleterious effect on primary groups and undermines intrafamilial activities" (1975:68).

Powers, Keith, and Goudy (1975) provide an extensive overview of family and friendship patterns among the rural elderly. From this review they conclude that many of the frequently held beliefs about the rural elderly have little foundation in fact. Indeed, the authors essentially argue that many of the myths discussed 17 years earlier by Kaplan and Taietz (1958) still exist.

Other myths can be added to the Powers, Keith, and Goudy (1975) list. Census data have repeatedly indicated that the annual mean incomes of the rural farm and rural nonfarm elderly are lower than their urban counterparts; yet, many still hold the popular mental image of the rural elderly surrounded with a wealth of land and farm machinery that provide abundant income. The greatest single source of income for all elderly people is social security, and the results of one survey in

TABLE 1: Community Service Planning as a Function of Developmental Phases of Aging*

Type of service	Approximate age	Specific goals	Typical services
Adjustment and integrative services.	The "young-old"--individuals somewhere in the 50's and extending to the mid-70's.	• Participation of older persons in the life of the community; • Retention and use of capacities and potentials in a way that is personally satisfying and socially approved and recognized; • Adjustment to new social roles in the family and in broader community.	• New careers through adult and continuing education; • Specialized employment and volunteer placement programs; • Preretirement and postretirement counseling; • Income security and maintenance programs, public and voluntary; • Specialized recreational programs for the aging; • Senior center programs; • Bereavement counseling.
Supportive services.	75 years and older.	To aid older persons in their usual living arrangements (with adult children, friends, etc.) when this is no longer possible through their own efforts.	• Outreach services; • Organized day care; • Geriatric day hospitals; • Escort services; • Homemaker/home-health aides; • Friendly visiting; • Portable meal services; • Organized home care; • Substitute family care/foster care; • Home repair services; • Transportation services; • Telephone lifelines.
Congregate and shelter care services.	Mid to late-80's and older.	To protect older persons from the hazards of living in the open community or from their inability to cope with independent or family living situations due to physical and/or mental infirmity.	• Day care and geriatric day hospitals; • Substitute family care; • Specialized housing, including health, social, and recreational services; • In-patient long-term care and treatment facilities; • Temporary in-patient emergency service; • Respite/family vacation care.
Protective services.	Extremely advanced aged with limited mental functioning due to mental deterioration, emotional disturbances, or extreme infirmity.	To protect the civil rights and personal welfare of older persons from the neglect and/or exploitation by relatives, friends, the community at large, and, at times, themselves.	Coordinated legal, medical, psychiatric, and social services to manage affairs in such areas as providing for personal and physical needs, planning and decisionmaking and handling of finances.
Specialized terminal care facilities and services.	When appropriate.	• Enable the dying person to maintain personal integrity; • Support the dying person and the family in their attempts to deal with feelings and experiences related to separation and loss.	Coordinated social, psychological, and medical services.

*Adapted from Beattie, W. M., Jr. "Aging and the social services." In R. H. Binstock and E. Shanas (eds.), Handbook of Aging and the Social Sciences. New York: Van Nostrand Reinhold Company, 1976, 619-642.

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a midwestern state indicated that a greater proportion of the rural elderly received such benefits--82 percent rural to 74 percent urban (Auerbach, 1975). This study also showed that a far greater proportion of the urban elderly (70 percent) had savings and investments than did the rural elderly (30 percent); more urban elderly (10 percent) than rural elderly (2.5 percent) reported receiving financial aid from relatives; and the elderly receiving public assistance was exactly equal between rural and urban areas (6 percent).

Similarly, in contrast to popular paintings depicting enormous white farmhouses in immaculate condition, at the last White House Conference on Aging in 1971, it was estimated that 15 percent of the substandard housing units in the United States were occupied by the rural elderly. In a study of the housing of the rural elderly, 29 percent of the homes were observed to be in good condition, 59 percent in poor condition, and 12 percent in dilapidated condition (Youmans, 1963). Although the majority of the rural elderly own their own homes, many of these homes lack conveniences that are especially critical to aged persons. It has been stated in testimony before the U.S. Senate's Special Committee on Aging that in some rural areas as many as one-third of the homes of the elderly have no running water, more than half may be without hot water, and half without indoor toilets (U.S. Senate, 1971).

Although the research literature provides little support for many of the myths, they continue to exist. The task of the practitioner working in small towns and rural communities is to sift through myth to reality. Formal and informal needs assessment techniques are critical for all human service practitioners to assure that programs are built on real and not assumed needs. For rural practitioners this procedure may be even more necessary than it is for their urban counterparts, since the knowledge base from which they must work is smaller and the myths are at least as bountiful.

Involving the Elderly in Planning Meaningful Activities

Reviews of aging have emphasized that the later years of life are often characterized by a loss, or at least a decline, in those roles and activities that dominated earlier years (Atchley, 1972; Coward and Kerckhoff, 1978; Manney, 1975). For many, the major changes--in work patterns, in parenting and spouse responsibilities, and in community activities--which are experienced in old age work together to produce a void. Responding to this apparent lack of activity, many community programs for the elderly have set out to offer an avalanche of activities with which senior citizens can

occupy themselves. The roster of activities posted at many senior citizen centers reads like the decathlon schedule from the Olympics. Macrame classes, quilting classes, quilting bees, trips to the opera, movies, bridge clubs, ceramics classes, and dozens of other activities are offered at any "good" center.

Unfortunately, there is little evidence to suggest that the men and women for whom these activities are planned find them a meaningful or constructive use of time. Advocates will defend these types of activities by arguing that they are offered for pleasure--as a leisure activity. But for some of the elderly, the unresolved issue of defining a meaningful existence in old age gets in the way of their enjoying such leisure activities. For many old people, particularly men, the transition at retirement from a productive, contributing life to one of complete leisure is difficult. For these individuals, a more balanced community program is needed, one which offers opportunities for them to continue participating in activities they consider meaningful and opportunities to develop interests in leisure activities which they find enjoyable.

A greater appreciation of the need of the elderly to engage in meaningful activities has spawned several programs to capitalize on the human resource the elderly represent. Using retired executives as consultants to fledgling businessmen, involving retired teachers as tutors in programs for special children, having retired men with trade backgrounds teach underpriviledged adolescents their skills, using senior citizens as teaching assistants in understaffed preschool programs all represent attempts to engage retired persons in activities that not only fill a part of the void in their lives but also provide a sense of contribution and meaningfulness. More of such programs are needed--perhaps more strikingly in rural areas. The work ethic which allows little time for leisure activities is perhaps strongest in farm families (Rosenblatt and Anderson, 1979) and may produce individuals who experience more difficulty in making the transition into retirement (Youmans, 1967c).

But at this time the practitioner is not certain what activities would be considered a meaningful use of time by those elderly residing in small towns and rural communities. Rural community planners must use some systematic method for collecting such information. Once this information is assembled, only the creativity of the planners would limit the types of programs developed.

The active involvement of the elderly in defining, planning, and delivering community programs is an important aspect of developing appropriate programs for the elderly. All too often, such programs are designed by young to middle-aged adults who think they know what it is like to be old and are convinced they know what the elderly need. Yet experience

has highlighted the advantages of empirically validating the needs of a target population and the disadvantages of making *a priori* judgments about those needs. Several projects have noted a decrease in their program impact when the preferences of the eventual audience were not taken into account before the program was planned. Indeed, those who study planned social change have characterized a period of needs assessment as a necessary first step in the process.

Besides, reviews of aging have suggested that the perceived loss of independence (that is, the sense of loss of control over their lives) is a major problem for many of the elderly. Those community programs which purport to serve the aged, therefore, should not contribute to such feelings by excluding aged representatives from policy decisions. In some areas "Gray Power" has served as a rallying slogan to represent those elderly who are asserting their right to self-determination. By the same right, programs should not provide simply token responsibility--it almost surely will be seen for what it is. Rather, real power should be turned over to those elderly who will assume it, and planners should encourage the fullest participation by the elderly in all aspects of the program.

Cooperation in Service Delivery in Rural Communities

Perhaps the most important--yet least addressed--problem for development of services for the rural elderly is caused by the ingrained attitudes and perceptions of social intervention held by many inhabitants of small towns and rural communities. Human service programs of all types have been plagued by an inability to establish credibility in rural areas. Buxton (1976) has argued that the first exposure of most rural areas to human services was through welfare programs, and that the public attitudes formed toward that program have lingered on to color perceptions of all subsequent social interventions. Auerbach has stated that:

> this situation has generated a concept in the rural elderly that accepts little of the modern philosophy prevalent in the cities that there are government and voluntary agencies which have a social responsibility to look after the welfare of the citizens. (Auerback, 1975:104)

This "spirit of independence" is further reflected in the rural elderly's perceptions of their own needs. In one needs assessment survey, 85 percent of the rural elderly reported they needed nothing (Auerbach, 1975)! In contrast, a

survey of the urban elderly in the same state indicated that 45 percent reported more money as their greatest need (Kirschner Associates, 1972). Better health, more police protection, and more legislation for the aged were the needs ranked next in importance by the urban elderly. Auerbach (1975:102) suggested that the latter, legislation for the aged, seemed to be a "foreign concept" to the rural elderly.

It is not that rural communities have resisted all forms of community services. Newly created "helping" agencies which are thrust upon small towns are often met with initial resistance; over the years, however, certain organizations have been able to establish credibility in providing family-oriented services and thus have been accepted by rural residents. Perhaps most notable among these are such groups as the church, the public schools, and the Cooperative Extension Service. Several authors have argued that the delivery of new services in rural areas could be facilitated by supporting, rather than supplanting, such already established groups (Coward, Kerckhoff and Jackson, 1976; Ginsberg, 1971). Such a strategy reduce the resistance of rural residents to what are seen as outside intrusions, and increase the use of services because of identification with an already accepted community organization with established credibility.

The development of such cooperation in service delivery within rural communities is, however, not without problems. Warren (1963) has argued that as societies on the whole become more bureaucratic, the horizontal ties between local community units become weaker and the vertical ties of local community units to institutions outside the community become stronger. The bureaucratic nature and size of human services in the United States, including those for the elderly, have been resisted by the inhabitants of some rural areas (remember the earlier discussion of rural diversity) and may also have served to weaken the more naturally occurring ties which existed between established community organizations and institutions.

Horizontal ties in rural communities can be strengthened by programming that supports and/or cooperates with already established community units. This is not a new proposal in the area of programming for the elderly. The Area Agencies on Aging were created to coordinate the services for the elderly within a particular community. Nevertheless, these agencies have had their difficulties. Evidence abounds that efforts to coordinate the services within a community are inevitably met by resistance (Taietz, 1975). In part, this is probably a function of the artificial boundaries professionals establish as their "territory." The enormous intercommunity competition for the relatively limited quantity of available resources serves to foster territoriality instead of cooperation and integration.

The coordination of services for the elderly has been urged for all communities, but for the small town it may be

particularly crucial. Because rural communities have tended to be more cautious about accepting social intervention, and because the "social cost of space" works against specialization (Kraenzel, 1973), practitioners in rural areas may need to commit themselves more earnestly to cooperative efforts and reject the self-serving, but perhaps self-destructive, attitude of separatism.

Family-Oriented Programming

The vast majority of the aged are linked in significant ways with their kindred. There is evidence that, despite physical separation, emotional ties between adult children and older parents remain quite strong. Perhaps most importantly for the purpose of our discussion, in times of need, more often than not, aged parents will turn to their children for assistance. Shanas and Sussman (1977) have used these generalizations in conjunction with other supportive data, to argue that when considering care for the elderly the primary family group provides a reasonable alternative to the large human service bureaucracy that currently exists. In a similar vein, a recent position paper distributed by the Task Force on Aging, Family Action section of the National Council on Family Relations, reaffirmed their position that the "greatest contribution our government can make to successful aging must be long-range, well conceived efforts to strengthen the family system as a whole" (Brubaker and Brown, 1977:2).

The overwhelming majority of human services--and programs for the elderly are no exception--are developed and delivered for individuals as if they lived in isolation; that is, the programs fail to recognize that the recipients of their services are embedded in a social context. In most cases, a family or kinship group forms the context, but it can just as appropriately include whatever intimate circle of human beings surrounds the aged person. In some instances, a greater appreciation of the interrelationship of the many systems which influence an individual or an institution has led human service practitioners to recognize the importance of incorporating all relevant parts of the system into the change process (Coward, 1977a). In fact, the concept of systems is useful, because it dramatically highlights the twin beliefs that the social services will affect more than just the "client," and in order to affect the client it might be necessary to involve significant other people in the social system, especially the family (Coward and Kerckhoff, 1978).

The family-oriented approach, therefore, has two dimensions that warrant consideration by the practitioner with

responsibility for programming for the elderly. First, there is the possibility of increasing the effectiveness by involving in the process "the significant others," as defined by the aged individual. Second, shifting responsibility to families where possible, creates a support role for the human service professional. This reduces the need for large numbers of local professionals and presumably has cost benefits as well as effectiveness benefits. The latter point may be particularly advantageous to those responsible for planning services in rural areas, where cost and professional staffing are major obstacles to program development (Coward, 1977b). Shanas and Sussman (1977) have suggested that the use of the family to deliver services would be workable if the tremendous resources now consumed by the human service bureaucracy were reallocated, and incentives were provided for families to assumer their filial responsibilities for the elderly.

A complementary strategy, which reflects a recent trend in community psychology, is built on a greater recognition of and appreciation for naturally occurring helping networks. Variously called natural neighbors or natural networks (Collins and Pancoast, 1977); effective networks (Epstein, 1961); primary group support (Gottlieb, in press); or natural support systems (Hirsch, 1977)--these terms refer to social relationships and contacts which are spontaneous in nature (in contrast to artificially imposed networks), and are supportive in function. Research has demonstrated that almost everyone can name some individuals who have supported them in the past, or to whom they would turn in the future if they needed everyday or crisis support (Litwak and Szelenyi, 1969; McKinlay, 1973).

The study, development, and use of strong natural helping systems is increasingly seen as a top priority for the delivery of human services (Gottlieb, in press; Kelley *et al.*, 1977). Recently, attention has been directed toward the role such networks can assume in preventive or crisis intervention. Collins and Pancoast captured the essence of this new perspective when they noted:

> Formal social welfare services have been developed to compensate for breakdowns in informal problem-solving processes. There is a danger, however, that the social worker may become absorbed in organizing and maintaining formal services and be blind to the informal, positive, helping activities that go on constantly outside the confines of formal services. Were it not for the informal services of helping networks, social agencies--whether they recognize it or not--would be swamped. Besides carrying the bulk of the service load in many sectors (for example, day care, home care for the elderly, and temporary foster care), helping networks also carry out a widespread preventive program. They offer accessible, individualized services that formal agencies could never match. (1977:24-25)

The potential for the use of such helping networks in the delivery of human services in rural communities is particularly attractive and has been proposed previously (President's Commission on Mental Health, 1978). This author (Coward, 1978b) has argued that the use and support of naturally occurring helping systems involves several advantages for rural practitioners:

1 The resistance of many rural residents for formal, artifically established helping agencies may be circumvented by the delivery of services through more naturally occurring networks.

2 The use of natural networks may reduce the difficulty experienced by isolated, sparsely populated areas in attracting and holding professionals. When using such networks it would not be absolutely necessary to maintain a resident expert, and alternative organizational strategies could be considered. For example, Coward, Kerckhoff, and Jackson (1976) have proposed a model for delivering family-oriented social programs that is built on a small professional resource staff available to support a network of local lay leaders, but which could be housed elsewhere (perhaps in a more urban setting or at the state university). Williams (1979) has also proposed the "resident generalist" model as an alternative.

3 The per-person cost of services may be reduced by multiplying the work of any one professional times the number of "central figures"[1] he or she can support times the number of individuals each central figure in turn helps.

4 The difficulties of program location, transportation, and acquiring physical facilities are all eliminated because delivery is reduced to personalized services, provided in informal natural settings, between close social associates. There is no need for the trappings of the agency bureaucracy--buildings, offices, desks, receptionists, etc. Similarly, the dilemma facing rural professionals of whether "Mohammed goes to the mountain" or the "mountain goes to Mohammed" is eliminated, because the helping network is left to operate in its natural manner and not dictated by a cost/efficiency ratio.

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[1]In some networks, mutual aid is clearly the dominant mode of interaction. However, in many other networks the helping activities seem to flow mainly in one direction. In these latter networks, the helpers apparently receive no payment for their efforts. Collins and Pancoast have called this primary care-giving person--who does not receive reciprocal repayment--a "central figure" (1977:25).

Several rural community programs have included natural helping networks in their system of service delivery (Collins and Pancoast, 1977). Despite the reported success of these attempts, this approach has not received widespread adoption as a significant alternative.

Perhaps it is an idea whose time has come. T[illegible] increased population growth of nonmetropolitan areas (Beale, 1975) reflects an end to the rural-to-urban migration pattern that was so common in the decades immediately following World War II. Besides, data indicate that such problems as marital dissatisfaction, divorce, mental health, poverty, child abuse, substance abuse, inadequate schooling, poor housing and the displaced elderly are not the invention of the big city but actually do happen "down on the farm" (Brown, 1977; Bultena, 1969b; Burchinal, 1965; Hollister, 1973; Huessy, 1972; Jurich, 1979). In combination, these two trends have placed increasing pressure on public officials to offer a greater number and variety of human services to rural residents. Urban models have not been entirely successful--indeed, they have failed miserably in some cases; alternative strategies for program delivery are being explored. The use of natural helping systems is but one of the alternatives available, but it is one that deserves greater attention.

Reflection and Integration

Interest in rural gerontology seems to be on an upsurge. Numerous activities in our country indicate an increased interest in, and awareness about, the rural elderly among both researchers and practitioners: (1) recent research conferences held at Kentucky (Atchley and Byerts, 1975), Penn State (Watkins and Crawford, 1978), and San Francisco (this volume); (2) the recent conference of practitioners interested in the rural elderly (National Rural Elderly Strategy Conference, Des Moines, Iowa, January 1979); and (3) the creation by the National Council on Aging of the National Center on Rural Aging. This increased interest, although welcomed, could be a mixed blessing. Hopefully, this increased awareness will lead to the availability of greater resources for solving the problems of the aged living in rural areas. However, the increased awareness may be little more than just the latest social-action bandwagon. As this current wave of interest ebbs, the interest in rural gerontology hopefully will have the momentum to become a sustained effort.

Part of the momentum to sustain the interest in rural gerontology will come from researchers. A concerted effort is necessary to bridge the gap between research and its

application in communities, and ultimately to develop a stable and successful program. We now have the opportunity to build on research-based knowledge and to develop programs that incorporate both research and practice.

Chapter 4:

Needs Assessment Among Older Rural Americans in the West

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Needs assessment among older rural Americans involves a lot of hard work and expense by public institutions to respond to older citizens. We have just begun to analyze the data from our project in the Sacramento area, so we can only report very preliminary findings and impressions. We are in a position, however, to talk about the work, the expense, and the institutions involved.

The Project

In 1976 the Kellogg Foundation awarded a 5-year, 1.2 million dollar grant to the University of California at Davis to demonstrate the University's role in public policy analysis and to promote cooperation with local government and community organizations. The funds have been spent largely for joint projects between the University and government or private non-profit agencies. The projects are to combine scholarly research with public service and, hopefully, to develop connections which will remain after the projects terminate.

Our project involves the Area Four Agency on Aging and the University of California, Davis (UCD) Department of Agricultural Economics. Its genesis was a previous project involving University faculty and the Sacramento Regional Area Planning Commission which reviewed needs assessment methodologies, critiqued each, and recommended ways to combine methods over time and space to provide the most accurate and useful information (Ballesteros and Kushman, 1977).

The mandated role of the Area Four Agency on Aging is to plan, coordinate, and fund services to the elderly in a seven-county region extending east, north, and west from Sacramento. The immediate interest of the Agency was to develop a solid base of information on the demographic characteristics and needs of the elderly in the region; the last

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attempt to do so had involved only a small sample in 1975. The Agency looked to UCD for technical assistance in implementing a valid and reliable survey, in processing the data, and in interpreting the results.

The faculty of the Department of Agricultural Economics has a longstanding interest in research on delivery of social services. The elderly, being a growing segment of the population, became an especially interesting area of study. With increasingly scarce funds for social services in general, and a foreseeable great burden of the elderly on persons of working age, research to promote efficient and equitable services appeared to be timely. The faculty looked to the Agency for an insider's knowledge of policy options, familiarity with data on the elderly, information on specific laws and programs, and liaison with other agencies and groups dealing with the elderly.

The Kellogg Foundation provided a catalyst, a mechanism, and substantial material support to get the project underway. The Foundation funded a graduate research assistant, statistical clerks, sampling materials, general supplies, interviewer training, computer programming, keypunching, data processing time, faculty release time, travel funds, and publications. The Area Four Agency on Aging contributed funds for a program specialist, a planning aide, a bookkeeper, and a secretary, materials and supplies, travel funds, and fees for interviews. On paper, the University (Kellogg) support was about $19,500, and the Agency contribution was about $25,500. In fact, the survey would not have been finished without considerable additional contributions from the Kellogg Foundation, the Department of Agricultural Economics, and the Agency. Even more noteworthy, in our view, have been the contributions far beyond any formal commitments by Agency and University people, and especially by the interviewers. This was the hardest work and most expensive part of the project. It illustrates that a general, baseline survey is a costly and time-consuming process. It also shows that research and public service to the elderly really motivates and mobilizes people.

Methodology

The project is based on a systematic random sample representing about 1 percent of the older persons in seven counties. The primary sampling units were census blocks. Housing units were listed and sampled in blocks. At each housing unit sampled an interviewer made four attempts to screen for eligible respondents and obtain interviews.

Each interview took approximately 1 hour and covered basic demographic data, general life satisfaction, ranking of problem areas, income and financial status, housing and living environment, food and nutrition, health and medical care, employment and retirement, transportation, crime, isolation, knowledge and use of social services, and use of the broadcast media. The questionnaire, developed by the Department of Health, Education, and Welfare's Administration on Aging, was modified for the purposes of the Agency, University researchers, and other interested groups.

Rural areas posed some special problems, but they also held some special rewards. Travel costs were high in rural areas, especially the mountain counties. The staff found defining the census blocks and listing the housing units very onerous. With no street numbers or postal identification, each unit had to be described. These difficulties would have been insurmountable if the sampling rate for blocks in rural areas had not been half what it was in urban areas (1 in 40 rather than 1 in 20). Informal feedback from the interviewers indicates that they bore considerably higher hidden costs in finding houses and evading dogs in rural areas. On the other hand, response rates and encounter rates (elderly per housing unit) appear to have been higher in rural areas, and people were generally friendly. Separate records were not kept for rural areas, but it appears that the response rate was about 60 percent versus 51 percent overall. The rural encounter rate was about 50 percent versus 33 percent overall.

Concurrent with the survey of older persons, the staff compiled an inventory of services offered in each county, type of service, area of coverage, and other characteristics. Information and referral services in each county identified the services.

Issues of Special Interest

From the Area Four Agency on Aging's perspective, isolation of the elderly was a particularly important issue because it requires special outreach efforts by Agency programs. Also of special interest were an empirical definition of the "vulnerable elderly," the elderly's knowledge and use of social services, their use of the media, and county differences in needs and services. Baseline data on knowledge and use of social services, in conjunction with the services inventory, provide a background for planning purposes and a measure of success for Agency efforts. Many public services and commissions on aging are set up on a county basis. Thus, it is necessary to examine the data by county, and counties

correspond to many of the entities the Agency deals with.

Under the Older Americans Act as amended in 1978, a primary mission of the Agency on Aging is to "provide a continuum of care for the vulnerable elderly" (U.S. Congress, 1978). This emphasis has been strongly and frequently reinforced in communications from the Administration on Aging and from the California Department of Aging.

During public hearings on the draft of the last area plan, it was suggested that better use could be made of the broadcast media in educating older persons about services and in educating others about the needs of the elderly. The Agency's advisory council directed that an objective be entered into the plan to develop strategies for use of the media in advocacy and informing the public.

The University researchers have primary interests in (1) the older population's use of health services, especially travel patterns for primary care, (2) the determinants of participation in various programs (nutrition programs, senior centers, etc.), and (3) determinants of housing satisfaction.

Preliminary Findings

The survey was completed in January with 861 interviews. The data have been edited and computerized, and preliminary frequencies and crosstabs have been run. Most of our preliminary findings have tended only to confirm patterns of income and needs which are familiar from larger studies. The academic research issues have not been dealt with yet, so only a few findings on key issues for the Area Four Agency on Aging will be noted.

With regard to isolation, two variables were constructed to represent combinations of the frequency of informal contacts with friends or relatives and the presence or absence of formal contacts (such as work, clubs, home health workers). For the first variable, living with other persons was defined as having frequent informal contacts. Using this variable, there was only a trivial amount of isolation. The second variable did not count household contacts at all, and it showed much more isolation and more variation among groups. Another piece of evidence, however, indicates that household contacts may be important. Loneliness is presumably one of the most important problems associated with isolation. When respondents were asked to rank each of a number of problem areas as "no problem," "some problem," or a "very important problem" for them, persons who lived alone were much more likely to rate

loneliness a problem. Apparently at least one consequence of isolation is the importance of household contacts.

Analysis of the awareness of services has revealed that information and referral (I and R) services were third only to home repair services and homemaker services (out of 11 services) in terms of being least often recognized. This may be crucial since I and R services are supposed to be an entry point for all other services. Higher-income persons are more aware of services but less apt to use them; younger elderly use services more than the oldest group.

Further Analysis and Future Directions

Our project will require that we make more detailed analysis, using simple techniques, of all the specific topics covered in the questionnaire. There are a great many interesting questions remaining on transportation, health and medical care, and other variables. Since there are various ways to define "vulnerable elderly," one of which is "75 or older," it would be useful to see whether this age group shows a clustering of problems. When the Agency advisory board has identified high-priority problem areas, it may be useful to evaluate the cost effectiveness of model programs that address those problem areas. Some important areas (crime, for instance) were almost ignored in the survey and clearly deserve more study.

In terms of process, we will be working on a more comprehensive Agency report and starting our academic research on the data now in hand. We will also be following up with complementary methods of needs assessment.

Chapter 5:

Alcohol Use Among the Rural Elderly in Arizona

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American society in recent years has become increasingly concerned with (1) the welfare and characteristics of the aged; (2) rural areas in terms of migration patterns, health, and quality of life; and (3) the increasing problems relating to and deriving from drug and alcohol addiction. The concern for the aged has been expressed in rhetoric, welfare-type legislation, and public policy such as the Older Americans Act of 1965. The concern with rural areas was exemplified by the passage of the Rural Development Act of 1972. And the concern with drug and alcohol abuse has been expressed in many ways, ranging from legislation and new graduate programs in higher education to grassroots volunteer programs in local communities.

Interestingly, when the three variables (aged, rural, and alcohol) are collectively used to characterize a substantial portion of our national population, we find an alarming void in our knowledge. The available literature indicates that drinking pattern surveys completed in the past had sometimes considered rural areas (Jessor *et al.*, 1968), but had not broken out the elderly group. Cahalan's (1968) national study also contained some rural data, but was mostly urban in focus and considered the aged only incidentally. Zinberg (1974) did consider the elderly alcoholic, but in an urban setting. There were several other major studies but none viewed the rural elderly as the target population.

The present study was viewed as an opportunity to produce useful information for those concerned with framing and implementing social service policy through examination of alcohol usage among the rural elderly.

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The Sample

The distinction between urban and rural is conceptually a primitive one that has been developed mainly by determining relative aggregations of population. The Census Bureau has defined as urban a place containing a population of 2,500 inhabitants or more. The rural population is, therefore, a residual; it is the population of the country after the various components of urban population have been removed. Community, for purposes of this study, was initially defined as a center with a population of 1,500 to 2,500 persons. There are approximately 30 communities in Arizona with populations in this range. At first, these communities were chosen to be the population from which the rural sample was to be drawn; upon closer inspection, a number of these communities proved to be essentially satellite communities of Tucson and Phoenix with largely urban lifestyles.

The 1970 Census showed that 10 percent of Arizona's population was over 65 years of age. Approximately 50 percent or 100,000 of these persons live within the Phoenix metropolitan area, while another 25 percent or 50,000 live in the Tucson area. The decision was made to exclude Pima and Maricopa counties from the sample, yielding a rural sample in the rest of the state numbering about 50,000 or 25 percent of Arizona's aged population. Indian reservations were also excluded from the sampling universe for two reasons. First, alcohol possession and consumption are illegal on reservations; asking Indians about their consumption patterns might have compromised both the informants and the project staff, and might also have generated unreliable information. Second, linguistics and economic problems involving distance in dealing with older Indians posed serious management problems.

The sampling unit selected for this study was the enumeration district (ED), which is the smallest Census unit found in the nonmetropolitan area. The ED is a function of two variables, population density and physical area. As density increases, the physical area incorporated decreases. The ED boundaries reflect natural features such as roads, rivers, and mountains. They do not necessarily comprise natural social or cultural units, yet they offer the advantage of providing a defined universe from which a sample may be drawn.

The sampling strategy adopted for the study was an area probability sample. To ensure that every person over 65 years

of age had a known chance of being selected for an interview, all the rural ED's were ranked according to their total population and their population of persons over 65. From these rankings, the list of ED's was reduced to 60 groups of ED's. The project staff originally planned to conduct 600 interviews; these interviews were allocated proportionately to the 60 groups. A number of ED's were then randomly selected within each group. Since no complete list of individuals 65 and over is available from the state, key informants in each area selected were asked to identify households where persons 65 and older lived. Interviewers were then directed to these locations and asked to complete a quota for the ED.

Two different data gathering techniques were used. One was the face-to-face interview, and the other a questionnaire to be filled out by the subjects themselves. The former were termed "interviews" and the latter, "drop-offs." The instruments used for these two techniques were identical. The drop-off questionnaires were handed to the subjects with a brief explanation, and an arrangement was made to pick them up the following day. Part of the research purpose and design was to compare these two methods of data collection to determine which method was more effective when questions of a sensitive and personal nature were included. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) was interested in this aspect of methodology as well as the general concept of how to work with the elderly population.

With regard to the data gathering techniques, the face-to-face interview was found to be the more effective method. For the most part the subjects were gracious and open. However, initial suspicions that the interviewers were insurance salesmen or some kind of "government investigators" often had to be overcome. After the introduction was completed and rapport established, little reluctance was displayed when discussing sensitive issues such as drinking behavior, health, marital status, or income.

The drop-off questionnaires were less satisfactory. A number of factors could have contributed to this phenomenon; for example, the individual was faced with a rather long, complex task of filling in the questionnaire with no encouragement to complete it. Moreover, there was no opportunity for doubt, resolution or explanation. Finally, there was a built-in escape mechanism in the "human subjects" protection requirement stating that they need not complete the task if they chose not to. A blank envelope was provided and the respondents were instructed to seal the envelope with the completed form in it. Unfortunately, when picked up, a number of questionnaires were as blank as the envelopes. The original design of the project provided for two members of the same household (husband and wife) to be interviewed. In this manner a validity check could have been established. The Human Subjects Committee would not approve this procedure; consequently, only one subject per household was interviewed.

Measurement

In order to measure drinking behavior, such issues as how much alcohol is consumed, how often, on what occasions, where, and why have to be explored. The most common approach is the quantity/frequency (Q/F) typology. Originally developed by Straus and Bacon (1953), the Q/F measure attempts to determine the amount of alcohol consumed during a drinking episode (quantity) and the frequency of these episodes (frequency). Cahalan and Cisin (1968) have refined the Q/F method to include variability (V) as well. A further refinement is the volume-variability index (Bowman, 1975). All of these typologies focus on describing the pattern of drinking. A related, but somewhat different approach was developed by Jessor *et al.* (1968). Using essentially the same questions to gather drinking data, Jessor and others utilized an analytic method that computes the average daily consumption level of absolute alcohol (AA) rather than typing a pattern of consumption. Until now, these two approaches have been used independently.

Further refinements in the study of drinking patterns should combine absolute alcohol measures and the Q/F measures into a new index that has the best features of each approach. The project has received an additional year's funding during which time a two-dimensional analytical tool called the alcohol behavior evaluation chart (ABEC) will be developed. It will use Q/F typologies as one dimension and AA as the other. Its principal use will be as an evaluation and monitoring technique with a clinical population.

The data now being analyzed were subjected to both the Q/F and the AA measures. These measures are being viewed in terms of their possible relationships to demographic data, health data, and preretirement drinking patterns.

Findings

Drinking Categories

On the basis of Q/F measures of alcohol usage, the subjects fell into the following groups: abstainers, 47.4 percent;

light drinkers, 16 percent; moderate drinkers, 20 percent; and heavy drinkers, 16.6 percent. (The percentage of heavy drinkers in the sample was considerably higher than national surveys have reported--about 11 percent). When categorized according to sex; 37.2 percent males and 58 percent females were abstainers; 11.9 percent males and 19.6 percent females were light drinkers; 27.4 percent males and 12.3 percent females were moderates; and 23 percent males and 10 percent females were heavy drinkers.

Health

The heavy drinking was significantly and positively correlated with health. Persons who considered themselves in good or excellent health were heavy drinkers in greater proportion than chance; those in poor health drank significantly less.

Employment

The subjects who were still employed full-time had the greatest number of heavy drinkers (21 percent). Those who were retired had the next greatest proportion of heavy drinkers (17.9 percent). The subjects who were employed part-time occupied a median position with respect to both abstention and heavy drinking. The principal reason for heavier alcohol consumption among the employed appeared to be the drinking one with fellow employees after work.

Marital Status

The widowed subjects had the highest abstention rate of any of the subgroups (61.25 percent). Those who were divorced were the least inclined toward abstention, 16.4 percent). The divorced status may indicate a more liberal lifestyle. The subjects who were married had the second highest abstention rate (46.7 percent), and also the highest heavy drinking rate of any group (17.6 percent). In short, the subjects who were married had high pattern variability. The marrieds were the largest group, and presumably larger numbers might be expected to reflect a greater diversity of lifestyles. The widowed and/or divorced statuses may imply a reduced income which limits discretionary funds for nonessentials.

Religion

Mormons had the highest rate of abstention and the lowest rates in all drinking categories. Among those with religious affiliation most of the heavy drinkers were Protestants (53 percent). Those with no religious preference had the highest percentage of heavy drinkers, 39.2 percent, as opposed to 15.2 percent of the Protestants and 21.2 percent of the Catholics. There were no significant differences between Protestants and Catholics in the moderate and light drinking categories.

Income

There is an almost perfect relationship between abstention and income. The lowest income group ($0 - $4,999) reported a 60.9 percent rate of abstention. The highest rate of heavy drinking is found in the $10,000 - $14,999 group.

Ethnicity

The three principal groups were Whites, Blacks, and Mexican-Americans; there was also a category for "other," which included mostly Native Americans and Orientals. Whites had the lowest rates for abstention, 46.4 percent, as compared with 56.9 percent for Mexican-Americans, and 71.4 percent for Blacks. Whites had the highest rates of heavy drinking, 18 percent, as compared with 13.7 percent for Mexican-Americans, and 14.2 percent for Blacks. Blacks had the lowest moderate drinking rates, Whites had the highest. The Mexican-Americans occupied a median position. Unfortunately, the numbers were very small for the nonwhite groups, i.e., 51 Mexican-Americans, 14 Blacks, and 18 others. A further effort may be made to include more of these groups through a sample designed to include Black and Mexican-American communities.

Composite View of Drinking among Mexican-Americans

To present a somewhat more detailed account of the drinking practices among one ethnic group, the Mexican-Americans, a composite picture that emerged from the interviews with informants from that group follows.

Among Mexican-Americans in Arizona, there is often a natural progression of events that leads to increased alcohol consumption with advancing age up to retirement age. After retirement age, the consumption rate tends to taper off due to such constraints as reduced income, health problems, and a diminishing circle of friends. When families are young and in their childbearing years, celebrations or fiestas are a way of life. A great many events are "fiesta-ized" or perceived as a cause for celebration. Among the more common events are a birth, baptism, wedding, a special U.S. or Mexican holiday. Usually, such celebrations are limited to a few families getting together for companionship, food, and drink.

In time, the men tend to be less concerned and involved with family matters *per se*, and they tend to increase their alcohol consumption as a related but increasingly independent pattern. Socially, segregation of the sexes is the norm. In

middle age, the father's or husband's alcohol consumption begins to interfere with congenial social relations among the families; his associations with the men of other families continues but as a thing apart. The family association begins to break down but the men continue to get together for companionship, which appears to be largely organized around alcohol consumption. Out of this progressive pattern of alcohol usage emerges a certain proportion of problem drinking. The two beverages most often consumed are beer and wine. After retirement, the males still incline toward their male friends for companionship. They often congregate in one indivdiual's house to talk and to drink. Not infrequently, the house belongs to someone whose spouse has departed to live with one or more of the children in the city.

Another less frequent pattern is that the wife will join the husband in drinking in order to share to a greater extent in his life. The sanctions are stronger against wives and mothers drinking, but it is not an uncommon experience.

Causation is almost always a complex phenomenon, and certainly with respect to the etiology of drinking, the complexity is thrown into high relief. Our experience in interviewing Mexican-Americans suggests three factors that seem to account for a significant amount of the drinking in this subculture. These factors are: tradition, isolation, and frustration.

The first suggested factor could be summarily dealt with simply by saying that drinking within the Mexican-American subculture is traditional. Admittedly, such a statement would appear both simplistic and circular; it comes very close, however, to being adequate. Drinking in the Mexican-American culture is sanctioned, but more on the part of the males than the females. Although the focus of this study is on the retirement-age group, several subjects commented on the fact that alcohol is more of a problem for the young than for the aged. Many of the younger adults experience occupational and economic frustration in the larger society, and also communication difficulties in the marital dyadic relations. Alcohol seems to be one of the principal cultural palliatives for frustration. A number of the younger wives are joining their husbands in the use of alcohol to avoid replicating the sex-separated, machismo-like pattern of the previous generation.

One of the interesting aspects of the traditional Mexican-American culture among the elderly could be described as a kind of masking. When a husband drinks, the wife in particular, and often the children as well, either denies or minimizes the problem. If the issue is pursued, a typical reaction might be, "Oh, he drinks a little but he has worked hard all his life. He is not to be blamed. Men drink. That's the way things are." From a vantage point outside the culture, the apparent reaction seems fatalistic, casual, and apathetic. Upon closer scrutiny, other explanatory factors suggest themselves.

First, drinking and other comparable forms of behavior are perceived as family problems, and as such they are to be dealt with within the context of the family. Referral to social agencies is seldom perceived as a viable option. An Arizona Department of Health Services report, dated September 6, 1977, reflects the fact that Mexican-Americans are underrepresented in alcohol treatment agencies in relation to other ethnic groups. A closely related characteristic is that there is a reluctance among people of the culture to reveal intimate matters to individuals outside the family, and particularly outside the culture.

Second, there may be a scarcity of social service facilities in rural areas in general, especially the type of services perceived as helpful and available. Due to economy of scale, areas not densely populated have fewer social services. In addition, the larger society may make certain stereotyped assumptions about the Mexican-American culture--for example, that they live in large extended families which perform the equivalent of social services, and therefore higher priority areas should receive the available allocation of resources.

Third, alcohol usage, to be a problem, has to be defined in appropriate terms. The integration of alcohol usage in the Mexican-American culture may result in significantly different definitions from those utilized in the Anglo society. The seemingly casual or fatalistic attitude referred to above may be a function, in part, of this difference.

Many authors, both Spanish-speaking and Anglo, emphasize the machismo complex in writing about the Mexican-American. Machismo is often construed to mean an exaggerated masculine pattern of behavior. Manliness is demonstrated by the ability to produce and care for abundant offspring, to be quick to seek satisfaction for an insult, to boast a bit about one's exploits, and to be able to drink like a man. Drinking implies both consumption *per se* and buying drinks for friends. A number of responses attested to a kind of cultural priority among the men that, given a fixed income, money would be allocated first for drinking with one's friends, and second to provide for the needs of the family.

Prior to retirement, the "weekender" is a common drinking pattern. The man will work hard all week in the mines, in agriculture, or some other occupation, but on weekends he will join his friends in drinking bouts that last several days. This, of course, is not a universal pattern. It occurs with sufficient frequency, however, that it was mentioned many times. The male respondent readily admitted drinking--mostly beer--but indicated a decline after retirement due to fewer friends, health, and lack of money.

In terms of isolation, the Mexican-American community is in many respects self-contained; there is little interaction with the larger community. This is particularly the case with

regard to socializing and recreation. The leisure time is largely spent visiting with relatives and friends. Even though some of the younger individuals have learned to travel outside the community, in the barrio (neighborhood) older males typically get together among themselves and talk. The social life is filled with other members of the same ethnic group, and because of the social history of the Mexican-American, particularly in the Southwest, the near environment does not contain or provide for much latitude or diversity in the options available. Often, too, an individual's social life might be relatively abundant in earlier years, but in old age the social circle increasingly contracts as friends die, move away, or become incapacitated by poor health. The elderly Mexican-American does not compensate by taking steps to increase his circle of friends but adjusts to fewer and fewer social contacts, and these within a circle of ethnic isolation. As the degree of isolation intensifies, so it appears does the use of alcohol.

Frustration, the third factor, can derive from multiple sources. One of the principal sources as perceived by the older Mexican-American is discrimination at the hands of the dominant culture. The interviews were replete with examples. As one case in point, a practice of a certain mining company was related. The company would fill all but four or five jobs with Anglos then announce to Mexican-Americans and Blacks that they could fight over the remaining jobs. The victors would be hired. While this kind of practice presumably no longer takes place, the memories and emotions it engendered still exist. Economic and social frustration were also designated as reasons for drinking. "Anything to make one feel better must be OK."

Even in communities where the work force is multi-ethnic, there is a kind of 5:00 p.m.-racism--not necessarily malicious, but simply reflecting the local patterns of social segregation. The Mexican-American and the Anglos do not mingle much on the social plane. In the Mexican-American neighborhoods there are relatively few facilities or options for recreational pursuits; in the rural areas this also applies to the Anglo population. The culture imposes further constraints, and again the evolutionary solution--or the one which has occurred--is to socialize over a drink.

In sum, alcohol is often a social catalyst among the Mexican-Americans in rural Arizona. Its role is embedded deep within the culture, and is sanctioned by the majority within that ethnic group. Cultural constraints and patterns, at the same time, appear to cause underrepresentation in available social services dealing with alcohol problems. Tradition, social isolation, and ethnic frustration are among the more important factors contributing to the drinking behavior of Mexican-Americans.

Chapter 6:

Rural-Urban Residence and Aging: Directions for Future Research

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In a recent review of research on rural-urban differences among the elderly, Youmans (1977) argues that older rural Americans face certain serious disadvantages to a greater extent than do the urban elderly. He notes that the rural elderly are characterized by lower incomes, poorer health, fewer economic opportunities, more limited social lives, and less adequate housing than their urban counterparts. Many of these same disadvantages characterize rural residents of all ages, of course (Dillman and Tremblay, 1977), but in many ways they may have particularly harsh consequences for the elderly. Youmans concludes with a comment about the implications of these conditions for the "subjective life" of the elderly: "Available evidence suggests that rural environments have less potential than urban settings for producing a favorable mental outlook among older people." (Youmans, 1977:89)

Some of Youmans' data do support this conclusion (see also Youmans, 1973). He has found the rural elderly, in comparison to their urban counterparts, to evince a more negative outlook, greater hopelessness and despair, greater worry, poorer self-concept, greater feelings of uselessness, and higher levels of alienation (see Youmans, 1977:89-90).[1]

On the other hand, these data are not unequivocal. Youmans also found that:

> . . . the rural aged, compared with the urban aged, revealed a greater sense of general happiness, greater

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[1]Unfortunately, Youmans reports only the generalizations from his study, not the data themselves. It is therefore difficult to assess the meaning and magnitude of these differences. Most of the generalizations reproduced here were based on a sample of 803 people aged 20 and over living in Kentucky in 1971. The rural-urban differences noted pertain only to those respondents aged 60 and over. The number of such respondents is not reported; however, all differences were statistically significant.

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family pride, stronger family support, and stronger feelings of personal gratification, as well as giving more favorable ratings to their neighborhoods as places in which to live. (Youmans, 1977:90)

This contrast in Youmans' data reflects, on a smaller scale, a paradox in the entire field of rural-urban residential differences among the elderly. A substantial number of studies report residential differences in objective conditions of life which favor the urban elderly. But studies of differences in subjective well-being (morale, life satisfaction, general happiness, etc.) show no such consistency.

Residential Environment and Subjective Well-Being

There have been very few studies of differences in indicators of subjective well-being between rural and urban elderly, other than the reports by Youmans (1973, 1977). Two of the more interesting studies employed the same data--a national sample of about 320 individuals aged 60 and over collected by the National Opinion Research Center. Although the authors of these studies share a common data set, they come to markedly different conclusions.

In the first of these studies, Hynson (1975) tested the hypothesis that rural elderly are happier than urban elderly. This hypothesis, which is contrary to Youmans' (1977) logic, was based on work done by urban sociologists ranging from Wirth (1938) to Fischer (1972, 1973). This school of thought has focused on the impersonality of urban life, arguing that urbanities of whatever age are afflicted by alienation, isolation, and other forms of psychological stress.

Hynson employed four discrete measures of subjective well-being, including satisfaction with family relations, satisfaction with community, general lack of fear, and overall happiness. The latter three variables were positively related to rural residence; satisfaction with family was unrelated to residence. Hynson concludes that his findings ". . . generally support Wirth's notion concerning the negative effect of the city on perceived relations" (Hynson, 1975:65-66). If correct, the data clearly contradict Youmans' (1977) assertion that rural residence is less likely than urban to foster a favorable mental outlook.

However, Sauer *et al.* (1976) take serious issue with the manner in which Hynson reached his conclusions. Their primary argument is that, since Hynson's analysis is restricted

to the bivariate level, the relationships he reports may well be spurious. Sauer *et al.* employ regression analysis to determine the net effect of residence on satisfaction of the elderly. They find that the initial positive association between rural residence and satisfaction is reduced to a non-significant level in the multivariate analysis, which included 13 variables in addition to residence. They found the most powerful predictors of satisfaction to be health, marital status, race, income, and employment status, in that order. But again, their major conclusion is that, contrary to Hynson, residence is not significantly related to satisfaction among the elderly. This conclusion is also, then, contrary to Youmans' projection that residential differences in subjective well-being favor the urban elderly.

There are, however, at least two problems with the Sauer *et al.* analysis which prevent it from being conclusive. First, their measure of satisfaction is not precisely comparable to Hynson's; Sauer *et al.* (1976:270-271) chose to construct a 6-item index (which included 3 of Hynson's 4 items), rather than to re-analyze the 4 discrete items employed by Hynson. Differing measurement strategies could thus account for part of the discrepancy in the findings.

Second, and perhaps more important, the mode of analysis employed by Sauer *et al.* does not allow them to conclude that residence has no effect on satisfaction. In path analytic terminology, their multiple regression analysis permits the conclusion that residence has no *direct* effect, but not the conclusion that it has no *total* effect.

The nonsignificant regression coefficient for residence in the regression analysis implies that residence is related to other variables that are also related to satisfaction; thus the bivariate relationship between residence and satisfaction is statistically "explained" by other variables. This does not necessarily mean that the relationship is spurious, however, since the concept of spuriousness implies that both residence and satisfaction are causally dependent upon some common antecedent. Intervening variables, of course, will produce the same patterns in multiple regression coefficients as will antecedent variables when all exogenous variables are entered into the equation simultaneously. Sauer *et al.* report only the standardized partial regression coefficients relating each independent variable to satisfaction; they do not report the interrelationships among the independent variables, nor do they posit any causal ordering among them. Thus, while their results are useful for purposes of estimating the independent (net) effects of each variable on satisfaction, the analysis does not justify conclusions regarding spuriousness.

The findings reported by Sauer *et al.* (1976) do not preclude the possibility that residence is related to life satisfaction through a series of indirect effect. Whether a

relationship is indirect or spurious depends on the causal model which is posited, and the defensibility of that model; no one, including ourselves, has as yet posited any such model. But let us examine a few of the specific variables which Sauer *et al.* found to be related to life satisfaction, particularly those known to vary by residence.

Health, for example, has been consistently found to be positively related to morale, life satisfaction, and similar variables in many studies (see Palmore and Luikart, 1972; Edwards and Klemmack, 1973; Spreitzer and Snyder, 1974; Youmans, 1974; and Lee, 1978, among many others; reviews of this literature are contained in Adams, 1971; Kozma and Stones, 1978; and Larson, 1978). This is especially true of self-reported health, but it is also characteristic of health as measured by more sophisticated medical indicators (Palmore and Luikart, 1972; Kozma and Stones, 1978). Self-reported health has been consistently and somewhat surprisingly found to be better among the urban elderly than among their rural counterparts (Berardo, 1967; Ellenbogen, 1967; Youmans, 1967a, 1975, 1977). There are undoubtedly instances of elderly people migrating from urban to rural areas for reasons of health; in these cases, health is logically and causally prior to residence. But urban-to-rural migration of the elderly is hardly of sufficient magnitude to cause the residential differences in health status so consistently observed in the studies noted above. Instead, more likely causes involve the limited financial resources and nutritional status of the rural elderly, as well as the lesser availability of medical services and transportation to those services in rural areas (Youmans, 1977).

Sauer *et al.* (1976) also found income to be a significant antecedent of life satisfaction among the elderly. This finding is common to a great number of studies (see, for example, Palmore and Luikart, 1972; Edwards and Klemmack, 1973; Spreitzer and Snyder, 1974; Harris *et al.*, 1975; Bild and Havighurst, 1976; Medley, 1976; Chatfield, 1977); many other studies have indicated that life satisfaction is positively related to more general measures of socioeconomic status that include income as a component (Neugarten *et al.*, 1961; Clark and Anderson, 1976; Bultena, 1969a; Cutler, 1973; Bull and Aucoin, 1975; Hutchison, 1975).[2] Youmans (1977) and many others note that income is markedly lower among the rural than the urban elderly. Again, it seems more reasonable that residence is an antecedent of income, rather than the opposite. If this is true, then income may *transmit* an effect of residence on life satisfaction; the elimination of a correlation between residence and life satisfaction by a control

[2]Thorough reviews of this literature are contained in Adams (1971), Larson (1978), and Kozma and Stones (1978).

on income would imply an indirect effect rather than a spurious relationship.

The other significant antecedents of life satisfaction reported by Sauer *et al.* (1976) include marital status, race, and employment status. These variables may or may not be related to residence in their data. If so, they may contribute to the explanation of the bivariate association between residence and life satisfaction. Of these variables, only race can be logically conceptualized as an antecedent of residence; marital status and employment status, if they are correlated with residence, are more usefully viewed as consequences than as causes. The appropriate conclusion from data such as these is not that the association between residence and life satisfaction is spurious, but rather that the relationship is not direct. Residence alone cannot explain variation in life satisfaction among the elderly, but many consequences of residence may well be causes of life satisfaction. This logic does not imply that residence is irrelevant to the explanation of life satisfaction and should be dropped from theoretical models. Instead, the implication is that other variables which transmit effects of residence should be added.

Complexities in the Causal Structure

The above reinterpretation of findings such as those of Sauer *et al.* (1976) does not clarify all major theoretical dilemmas in this field of inquiry. In fact, it does not even consider the most serious of these dilemmas. A proper delineation of this problem requires a return to the initial premise of this chapter.

Youmans (1977:89), as noted above, argued that rural environments are less likely than urban to promote a positive "mental outlook" among older persons. This implies that urban elderly should score higher than their rural counterparts on measures of subjective well-being. Some of Youmans' data support this hypothesis; some do not. The more directly empirical studies of the relationship between residence and satisfaction that have been discussed here (Hynson, 1975; Sauer *et al.*, 1976) have found, at the bivariate level, that rural elderly are *more* satisfied than urban elderly. Such findings are not consistent with Youmans' hypothesis. Furthermore, they are not explainable via the logic of indirect effects examined in the first part of this chapter.

Perhaps this point requires a bit of elaboration. We have argued above that variables such as income and health

may transmit an effect of place of residence on life satisfaction of the elderly; thus, such effects are more reasonably interpreted as indirect rather than spurious. However, the effect of rural residence that would be transmitted by these variables is negative; the bivariate association reported by Hynson (1975) and Sauer *et al.* (1976) is positive. If income and health are positively related to life satisfaction and negatively related to rural residence, it follows that life satisfaction and rural residence themselves are negatively related. Most (but not all) available data show this relationship to be positive. The theoretical strategy employed to this point, together with appropriate empirical findings, cannot explain this relationship.

Two additional strategies of model-building suggest themselves as possible means of resolving this dilemma. One is a simple extension of the logic employed thus far, involving a search for further intervening variables. Rural elderly may have certain advantages over urban elderly in terms of some objective conditions. For example, fear of crime has recently been recognized as a serious problem among American elderly (Clemente and Kleiman, 1976: Conklin, 1976; Lawton *et al.*, 1976). Fear of crime is substantially more pervasive among the urban elderly than among those residing in rural areas, in part because rural crime rates are lower (Boggs, 1971; Erskine, 1974; Lebowitz, 1975; Clemente and Kleiman, 1976; Sundeen and Mathieu, 1976). Thus the crime rate and fear of crime, if employed as intervening variables in a model, would imply a positive relationship between rural residence and subjective well-being among the elderly, assuming that these variables are inversely related to subjective well-being. Other variables that might play this role in a causal model include pollution, noise, crowding, and home ownership.[3]

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[3]It is frequently believed that rural elderly have a concrete advantage over their urban counterparts in terms of frequency of interaction with children and other kin. While some studies have found that kinship interaction is more frequent among rural populations (Winch and Greer, 1968; Shanas *et al.*, 1968; Straus, 1969; Klatzky, 1973; Hendrix, 1976), frequently because of greater proximity, other studies have not found such differences or have found kinship interaction to be greater among urban residents (Key, 1961; Youmans, 1963; Bultena, 1969b). It is also apparently the case that interaction between extended kin is less frequent in the western part of the United States than in other regions (Heller and Quesada, 1977; Klatzky, 1973). Finally, and again contrary to popular belief, research has consistently found no significant relationship between frequency of interaction with kin and the morale of the elderly (Arling, 1976; Wood and Robertson, 1978; Lee, 1979).

If this logic is correct, then the generally low or nonsignificant bivariate relationships between residence and subjective well-being discovered by previous research on the elderly may well be masking a host of counteracting specific effects. Some intervening variables may well operate to produce a positive association between rural residence and subjective well-being, while others may produce a negative relationship; the total effect may be small or virtually nonexistent, because positive and negative effects suppress each other. This sort of problem should be addressed via some path analytic model, with carefully specified intervening variables.

A second possibility for defining the relationship between place of residence and life satisfaction of the elderly involves potential interaction effects between residence and the antecedents of subjective well-being. Sauer *et al.* recommend this strategy in the conclusion of their paper when they suggest that:

> . . . future research rather than emphasizing only differences in levels of satisfaction between rural and urban elderly might better profit from a closer examination of the differential import the predictors of satisfaction may have for rural and urban aged . . . (Sauer *et al.*, 1976:273)

In other words, the effects of certain objective indicators of quality of life may vary by residence. If this were true, then many of the objective disadvantages suffered by the rural elderly, as documented by Youmans (1977) and others, could conceivably be irrelevant to their relative life satisfaction. For example, income might be positively related to life satisfaction among urban elderly, but unrelated among the rural aged. This would explain why the rural elderly are not demonstrably more dissatisfied than the urban, even though rural incomes are markedly lower. The same possibility exists for all known correlates of subjective well-being.

At the moment, we have very little evidence suggesting that this possibility is a viable one. This is not because efforts in this direction have proven fruitless, but rather because there have been virtually no such efforts. Potential interaction effects involving residence have simply not been systematically examined.

There are at least two analytic strategies that could be employed to address potential interactions between residence and other variables. The first strategy would be to build into our models terms reflecting such effects, and systematically check the magnitude and significance of these interaction terms. The second strategy, which perhaps is a bit more straightforward than the first, is to systematically test our theories of subjective well-being on two or more comparable samples of elderly, each representing different

residential categories. This approach is identical to analytic methods employed in comparative cross-national research (Przeworski and Teune, 1970; Lee, 1977), where observations are made in two or more social systems and the objective of the analysis is to determine the effects of system properties upon both criterion variables and multivariate relationships within systems. It is reasonable and possible to classify rural and urban environments as separate social systems for analytic purposes. The analysis then consists of successive tests of the hypothesis that all observations are drawn from the same population. To test this hypothesis, the behavior of predictor variables is observed. The objective is to account for as much of the variation in the criterion variable as possible, without distinguishing between (rural and urban) systems. This is accomplished as long as successive predictors exhibit the same parameters in each system. When and if predictors begin to evince different coefficients in the two systems, the appropriate conclusion is that systemic properties are operative. The causal structure of subjective well-being among the elderly may well vary by residence--even if the absolute levels of well-being do not.

Conclusion

This chapter has addressed itself to the issue of residential differences in subjective well-being among the elderly. Previous research in this area, which has been quite scanty, has generally shown these differences to be rather small and, in many cases, inconsistent. This general lack of clear differences is in itself a worthy object of explanation, since on most relevant dimensions it is clear that the objective quality of life of the rural elderly is substantially lower than that of the urban elderly. We would expect corresponding differences in indicators of subjective well-being, but such differences have not been conclusively documented.

Differences between rural and urban elderly in terms of objective conditions such as income, health, transportation, and quality of housing are important whether or not they have implications for the subjective well-being of the elderly. However, it is also important for both theoretical and pragmatic reasons to increase our ability to explain subjective well-being. Comparisons of urban and rural older people have to this point provided many more questions than answers, largely because such comparisons do not consistently produce results we would expect based upon our theories of subjective well-being. Our theories obviously need refining.

We agree thoroughly with the suggestion made by Sauer *et al.* (1976:293) that further research on absolute differences between rural and urban elderly is likely to be relatively unproductive. Instead, we need to systematically examine the possibility that different theories are required to explain variation in subjective well-being of the elderly in rural contexts than those appropriate for urban settings. To the extent that this is true, different programmatic strategies may be required in different residential contexts. The point is not that older rural persons have categorically different problems than the urban elderly, but rather that the problems each group has may have different implications for subjective and emotional adjustment. Such possibilities can only be examined by research geared to the discovery of interaction effects between residence and the antecedents of subjective well-being.

Chapter 7:

Research Priorities Concerning the Rural Elderly

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Authors of the papers in this volume argue forcefully for both better research and improved service delivery for the rural elderly. The key priority, in fact, may be to link these two activities: good research, and the communication of that research to people engaged in policymaking and service delivery. This linkage would seem to be the surest route to increasing the effectiveness of programmatic strategies. As Coward and others point out, individuals and agencies attempting to serve the needs of the elderly often must operate on the basis of myth and stereotype due to the absence or inaccessibility of research-based knowledge.

The Basic Issues

Objective inequities clearly exist between the urban and the rural elderly. Specifically, a greater proportion of the rural elderly have inadequate incomes and are relatively deprived in terms of other indices of standard of living. Services in rural areas tend to be less accessible because of low population densities, distances, and shortages of public transportation. Furthermore, the per-capita costs of service delivery tend to be higher in rural areas, primarily because of the dispersion of the population and consequent diseconomies of scale. Thus, the segment of the elderly population most in need of public services is also the most difficult and expensive segment of this population to reach with these services.

Both Coward and Moe emphasize the great range of research already completed or in progress, with support from both private and public funds. However, most research to this point has been rather narrow in focus, and only a small percentage has dealt specifically with the rural elderly. Explicit urban-rural comparisons are even less common, although they provide the greatest potential for an accurate

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understanding of the problems of each category. Also, few efforts have been made to integrate research findings and apply them to operational programs in rural areas; in a recent publication, Coward and Kerckhoff make a notable attempt to fill this gap.

Several of the authors underline the importance of the "continuum of care" concept, recognizing the differing needs of the elderly as they grow older and perhaps become increasingly dependent. The concept emphasizes the heterogeneity of the elderly population, as does the emphasis on urban-rural differences in this volume. Older people have different needs, depending upon place of residence, age, and a variety of other factors. Treating them as a homogeneous group almost certainy results in ineffectual programs. Research that takes this "continuum of care" into account is likely to be more useful in practice than would otherwise be the case.

Another step that might increase the practical utility of research, and which is suggested by several of the authors in this volume, is to involve the potential users of research-based knowledge in the research process. This is not to suggest that all professionals involved with service to the elderly must be researchers; on the contrary, there is great value in a division of labor. But an involvement of service delivery personnel in the design of research is likely to make the relevance of that research to practitioners more direct and perhaps more obvious. There is an opportunity to forge a link between researchers and practitioners, making the work of each more valuable and effective. However, more attention needs to be directed toward exactly how such a link might be formed and maintained, both in terms of general principles and concrete cases. In this volume's first chapter, Moe notes the frequent failure of efforts to apply research in the absence of such mechanisms of linkage.

We cannot assume that such links between research and service delivery will be spontaneously generated in the future any more than they have been in the past. To remedy this situation, we suggest that a new type of role be created and incorporated in research proposals. The role would serve a liaison function between researchers and practitioners, by facilitating communication between the groups and by focusing on application of knowledge from the research process. In the traditional structure, no one has been assigned this critical role. If research is to be more useful, and if applicable research is to be done, the communication and liaison function must be recognized and incorporated into the relevant structures.

Critical Variables

Conditions of life in rural areas seem to be changing rapidly in several respects. Many rural communities, once declining in population, are now growing. Some number of older people, and perhaps an increasing number, is moving from urban to rural areas in later life; this may cause a substantial alternation in the patterns of needs, expectations, and even resources of the older rural population. There are wide variations between rural communities in the number of elderly, the proportion of the population which they constitute, socioeconomic conditions, available services, and other factors that affect their well-being.

The assumption that all older people in rural environments are poor and isolated is much too facile to be of any real use; but the problems they encounter and the frequency with which they face them as compared with their urban counterparts are very real and very difficult to remedy. Substantial differences also exist among regions of the country in both the number and concentration of the elderly and in relevant social characteristics. Changing conditions and intercommunity and interregional variation must be taken into account in the design of both research and programmatic strategies.

Among the many factors influencing mental health and emotional well-being among the rural elderly, several types of variables appear to be critical. Economic and health-related variables are known to possess lower average values for the rural than the urban elderly. Although we know a great deal about how these variables are distributed across the population of older people, we know little about their effects, and less about possible differences in their effects across categories of the elderly population (see the chapter by Lee and Lassey).

Other potentially important factors pertain to the social relationships of older people. Quite possibly, living arrangements may be critical antecedents of well-being. Older people who live with spouses and/or other family members may benefit from that fact in terms of economic resources, access to transportation, help with household tasks and personal care, quality of housing, access to health care, and sheer companionship. Undoubtedly, these potential benefits of living with children or other family members are particularly important for widowed people, as well as for the relatively small numbers of divorced and never-married individuals in the older population. However,

elderly rural persons have indicated a preference for independent living arrangements in many national surveys and other studies; if they differ from the urban elderly in this respect, it is probable that they value this independence more highly.

The pattern of relationships between living arrangements, income requirements, need for services, and other pertinent factors is not yet thoroughly understood. The Survey of Older Americans, a current needs assessment instrument, sponsored by the Administration on Aging, may help to sort these matters out. However, living alone in relatively isolated rural areas may have very different implications than does living alone in urban environments. Furthermore, we need to know exactly what kinds of support family members or other coresidents are capable of providing to the elderly, what kinds they cannot provide, and whether these capabilities vary across residential categories, income levels, ethnic groups, etc.

Role adjustment problems also appear to be important correlates of mental health and life satisfaction among the elderly in general, and there is no evidence that the rural elderly are any different in this regard. The transitions to retirement and widowhood can create serious adjustment problems, both in conjunction with and apart from the issues of economic well-being and access to social services. Older rural people generally seem to prefer to remain active and involved in their communities as long as they are able; but due to factors involving health, finances, transportation, and opportunities for involvement, this ability may diminish with age more rapidly than is the case for the urban elderly. If the elderly are deprived of opportunities for community involvement their sense of well-being may be decreased, regardless of the state of their health or finances. Therefore, role adjustment variables are critical to the understanding of mental health as well as the response of the rural elderly to programs intended to enhance well-being.

Role adjustment, however, cannot be adequately understood outside the context of general social participation. This involves the issue of "natural" support systems, including informal networks of family, neighbors, and friends. Role adjustment problems may be minimized by the existence of such networks. However, relationships between social participation patterns, life satisfaction, mental health, and the various "objective" indicators of quality of life are not well understood, especially for rural populations. Although it is commonly believed that rural communities in general are characterized by stronger informal support networks than are urban communities, there is very little evidence that directly supports this belief. Greater opportunity for social participation *may* explain the fact that rural elderly have frequently scored slightly higher on measures of life satisfaction than urban elderly, in spite of their greater objective deprivation.

However, this is only speculation given the current state of knowledge in the area. These relationships need further exploration.

Mobility is intimately connected with all of these issues. It is a key problem for the rural elderly, especially for women, and invariably ranks among their greatest concerns in surveys of the older population. Providing adequate transportation is particularly difficult, but perhaps particularly important, in rural areas. However, most research on implications of the availability of transportation has been done in urban areas. The relationships between availability of transportation, or mobility in a more general sense, and indicators of well-being also require further investigation, especially in rural areas. Since transportation is inherently so difficult to provide in areas of low population density, we need to know just how important it is, and how it is important, in order to attack the problem effectively.

This does not exhaust the list of potentially critically variables; however, our intention is to be suggestive rather than exhaustive. These and many other variables need to be carefully examined, within the context of a well-designed strategy for both research and social action. We now turn to a few suggestions regarding such strategies.

General Suggestions for Research and Program Strategies

It is all very well to expound upon the need for further research on the problems confronting the rural elderly, as well as the need for more informal attention to these problems at the level of policy formation and program design. However, if increased attention to these issues is to be productive, it must be guided by systematic procedural principles. We are sufficiently presumptuous to suggest what some of these principles might be.

First, we need to determine precisely what it is about the rural elderly that needs to be explained, examined, solved, or otherwise affected by social policy. For the researcher, this involves identifying critical dependent or criterion variables. The researcher's objectives, we think, should be to identify the factors that affect the well-being of the rural elderly and to explain how and why these factors operate. But what constitutes well-being? How broadly or narrowly is it to be defined? What are its relevant dimensions? How do we determine what is and what is not a "problem?" In programmatic terms, what conditions of life among the rural elderly do we wish to alleviate? How do we most effectively identify these

conditions? A great deal of gerontological research to this point has focused on morale, life satisfaction, and other rather general dimensions of subjective well-being. Do the correlates of these dimensions constitute the conditions upon which programmatic efforts should be concentrated? Or do some objective conditions deserve systematic attention, independent of their possible connections with subjective events or states?

We are not arguing that there should be consensus on these issues. We are arguing that each endeavor, whether a study or a program, must begin with a precise formulation of what is to be explained or accomplished, as well as a specification of the target population.

Once the objective has been clarified, the second step can begin: identification of possible correlates or antecedents of the criteria. Existing theory and previous empirical research provide the best starting points here. It is in this stage of the process where research and programmatic action are perhaps most closely intertwined. If, for example, we wish to influence the life satisfaction of the rural elderly in a positive direction, it is essential to know and understand the correlates of life satisfaction in order to effectively select intervention points and strategies. Most gerontological research is correlational in nature, and will probably remain so for some time to come. The correlates of life satisfaction are, of course, not necessarily the causes of life satisfaction. Programmatic experience and evaluation research can help a great deal in determining whether specific actions actually produce the intended consequences.

But research by itself can also contribute heavily to the identification of the antecedents of well-being, however defined, provided that research designs are carefully constructed. There are two essential points here. First, there are multiple antecedents of any indicator of well-being that are related to one another as well as to the criterion. This implies multivariate designs, including multivariate data analyses. Second, even though our primary concern here is with the rural elderly, it is not possible to apprehend the effects or implications of rural residence without a comparison group. Research conducted exclusively on the rural elderly is necessarily descriptive, at least in so far as the effects of residence are concerned. The best and, indeed, only way to ascertain the importance of rural residence is to select samples that cover the entire spectrum of residential conditions.

Our third general suggestion has to do with the continued problem of communication between researchers and practitioners. In the past, such communication has been minimal and often not highly productive. We can continue to encourage ourselves to do a better job in this respect, but in fact each group will probably persist in believing that the current

situation is the fault of the other group. Since it is so pervasive the problem seems to be structural rather than personal, and therefore it requires a structural solution.

We believe that researchers and practitioners do not communicate well because researchers are rewarded for research and practitioners for practice, and neither group is rewarded for communicating with the other. If this is true, there are three possible solutions. First, we could try to train people in both research and practice, so that the gap may be rendered nonexistent; however, both are full-time jobs, and previous experience indicates that one function comes to dominate the other in the course of an individual's career.[1] Second, we could try to change the relevant reward structures; but these are firmly entrenched and not highly manipulable. Third, we could create a new role of "communicator" or "liaison" in conjunction with research or programmatic projects, whose function would be to facilitate the linkage process, and whose rewards would be contingent upon successful accomplishment of this function.[2]

We favor the third option, even though it increases structural complexity, simply because we feel it is most likely to succeed. It has been mentioned in several papers in this volume (Moe, Coward) as a potentially viable option, and has met with considerable support from agency personnel as well as academicians and researchers. It does require, of course, the support of funding agencies. But if sufficient support for a few trial attempts can be generated, experience will indicate whether the idea has merit. We encourage researchers to consider the possibility of building such a position into organizational structures in future project designs; and we further encourage practitioners to utilize these personnel to the fullest.

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[1]The role of extension specialist in the Cooperative Extension Service of Land Grant Universities has successfully linked research with practice in agriculture, home economics, and community resource development. However, severe role strain often occurs. Individuals occupying the positions tend to identify more strongly with either research or extension and have great difficulty maintaining a balance. The differential reward structures in research and extension are exceptionally difficult to bridge.

[2]The Partnership for Rural Improvement in the state of Washington (headquartered at Washington State University) is experimenting with a new role, tentatively called a "community services specialist," which attempts to directly bridge the researcher/practitioner gap in a variety of program areas. The communication-liaison role as described here is based partially on the findings from the Partnership for Rural Improvement experience.

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Appendix:

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Conference on Research and Public Service
with the Rural Elderly

San Francisco Hilton Hotel
April 27, 1979

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